



Scoil Mhuire,
Presentation Primary School,
Parnell Street,
Kilkenny.

Telephone: 056-7765598
email: secretary@presprimarykk.ie
Website: www.presprimarykk.ie
Roll Number: 19925K
Post Code: R95 YT68

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Application for admission to **DLD/SSD** (Class Level _____) for school year 2027 / 2028

Please ensure this form is received between the 6th and 29th January 2027 for enrolment to be considered.

CHILD'S INFORMATION

First Name: _____ Surname: _____
Date of Birth: _____ PPS No: _____
Gender: _____ Eircode: _____
Address: _____

Year child moved to Ireland (if not born in Ireland): _____ Nationality: _____

Is English the first language spoken at home? Yes ☐ No ☐ If no, what is: _____

Sibling(s) in the school? Yes ☐ No ☐ If yes, name of sibling(s): _____

Parent(s) attended this school? Yes ☐ No ☐ If yes, name of parent(s): _____

Name of Current School: _____ Current Class: _____

Principal Name: _____ Phone No: _____

Address: _____

I understand that I must submit a Speech and Language Report, a Class Teacher's Report, a Letter of Eligibility from NCSE for a Special Class and any other relevant reports along with this Application.

Please tick: Eligibility Letter from NCSE ☐

Speech and Language Report ☐ Any additional relevant reports ☐

Class Teacher's Report ☐ Copy of child's Birth Certificate ☐

PARENT(S) / GUARDIAN(S) INFORMATION

Mother / Parent / Guardian (1)

First Name: _____

Surname: _____

Address: _____

Mobile: _____

Email: _____

Father / Parent / Guardian (2)

First Name: _____

Surname: _____

Address: _____

Mobile: _____

Email: _____

EMERGENCY CONTACT

Please provide the name and number of a person who can be contacted in the event of an emergency when both parent(s) / guardian(s) cannot be reached:

Name: _____

Number: _____

Description (e.g. Grandmother, family friend): _____

CONSENT FORM

Please Tick

I understand that my child has a Developmental Language Disorder and/or speech sound disorder.	
I have read the information leaflet, and I understand what the DLD/SSD class entails and who I can contact for more information.	
I give consent for the referral of my child to DLD/SSD classes in Presentation Primary School, Kilkenny.	
I give consent for a copy of my child's speech and language therapy report to be forwarded to the DLD/SSD Class Advisory Committee	
Copies of other relevant reports _____ (specify) will be forwarded to the DLD/SSD Class Advisory Committee.	
I give permission to members of the Advisory Committee to read my child's referral reports and to contact other professionals involved either by telephone or in writing if required.	

GENERAL INFORMATION

Do you give permission for:

- Your child's work and group photographs to appear on the school website/Instagram?
(We will not display the child's full name or individual photograph) Yes ☐ No ☐
- Your child's photo to appear in local media if related to school events Yes ☐ No ☐
- Your child to receive support in his/her learning. This may take the form of individual or group support or support within the classroom. Yes ☐ No ☐

DECLARATION

I/We being the parent(s) / guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I / we consent to its use as described.

Parent / Guardian (1) Signature:

Parent / Guardian (2) Signature:

Date: _____

Date: _____

DATA PRIVACY STATEMENT

The information provided on this form will be used by Presentation Primary School to apply the selection criteria for enrolment, and to allocate school places in accordance with the School's Admission Policy and the School's Annual Admission Notice.

Where a pupil is admitted to the school, the information will be retained on the pupil's file. On acceptance of an offer of admission, this information will be entered in the School Administration System **Aladdin** and will be uploaded to the Primary Online Database. The Primary Online Database (POD) is a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

In the event of oversubscription, a waiting list of students whose applications for admission to Presentation Primary School were unsuccessful due to the school being oversubscribed will be compiled, and will remain valid for the school year in which admission is being sought (*see section 13 – or relevant section – School Admission Policy*).

Where a child's name is placed on a waiting list, and the child is not admitted to the school, the information provided on this form will be retained for the duration of the school year and will be securely destroyed thereafter.

Section 66(6) of the Education (Admission to Schools) Act 2018 allows for the sharing of certain information between schools in order to facilitate the efficient admission of students. The information which may be provided to a patron or another Board of Management for this purpose may include all or any of the following:

- (i) the date on which an application for admission was received by the school:
- (ii) the date on which an offer of admission was made by the school:
- (iii) the date on which an offer of admission was accepted by an applicant:
- (iv) a student's personal details including his or her name, address, date of birth and personal Service number (within the meaning of section 262 of the Social Welfare Consolidation Act 2005).



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School Report for Referral to Language Class

Parents are asked to complete the consent form on page 1 of this document. Teaching staff including support teachers involved with the child are asked to fill out the following report as accurately as possible.

Parental Consent

Name of child: _____
Child's date of birth: _____
Parent / Guardian name: _____
Parent / Guardian phone number: _____
Parent / Guardian email address: _____

I / We _____ & _____ hereby give my / our consent to have this form completed for my / our child by his / her class teacher.

I / We understand that this referral form is used to support my child's application for a place in a Language Class.

My child's Speech & Language Therapist / Psychologist and class teacher have discussed with me why this class would benefit my child.

Signed: _____ Date: _____
Signed: _____ Date: _____

School Report Form

Name of child: _____ Date of birth: _____

Nationality: _____ Parents' nationality: _____

How many years has this child been in an English speaking environment? _____

Class level: _____

Name of school: _____

School address: _____

Name of Principal: _____

School Roll No.: _____

School telephone number: _____

Name of class teacher: _____

How long have you known this child? _____

How many children are currently in his / her class? _____

Has this child repeated a class? _____

If yes, please state the reasons why:

Does this child currently have an exemption from the study of Irish? _____

If yes, on what grounds?

Please comment on the following

Self-Management / Organisational Skills

(e.g. tidying desk, dressing, packing school bag etc.)

Social Skills

(e.g. forming friendships, taking positive initiatives with other children, turn taking, resolving conflicts, expressing empathy)

Gross Motor Skills

(e.g. general movement, action games, ball games etc.)

Fine Motor Skills

(e.g. colouring, writing, scissors, peg boards, buttons, zips etc.)

Behaviour on Playground

(e.g. turn taking, mixing with others, following rules)

General Classroom Behaviour

(e.g. ability to follow the classroom agenda, change activities on request, wait for his / her turn, tolerate frustration, avoid and resolve conflict)

Listening and Attention Skills

How are the child's concentration skills?

Can he / she work on a task on his / her own?

How is his / her attention in group activities?

Speech Skills

(e.g. How successfully can you and others understand his / her speech?)

Language Comprehension Skills

(e.g. How successfully can he / she understand classroom instructions and questions related to stories or events that take place in school?)

Expressive Language Skills

(e.g. How successfully can he / she use language to ask questions? Tell about a simple event or story? How successfully can the child use language to participate in classroom discussions about different subject areas? Can the child talk about past and present experiences? Can the child present a project / special interest talk or show and tell to the class?)

Pre – Reading Skills (If relevant)

Age appropriate

Some difficulty

Poor

Not applicable

Does he / she know any nursery rhymes?

Knows all

Knows some

Knows very few

Letter Recognition

Does he / she know the name of all letters? _____

List the letters he / she knows: _____

Does he / she know the sound of all letters? _____

List the letter sound he / she knows: _____

Can he / she match each letter with its sound? _____

Please comment on his / her acquisition of sight vocabulary

Word Attack / Phonological Awareness

Strengths and Needs

Reading

Name of current book and scheme and / or reading recovery level if available

Strengths and Needs in Reading

(e.g. ability to understand and recall what he / she reads to answer oral and written questions)

Pre-Writing and Writing Skills:

Please tick appropriate answer

	Age appropriate	Some difficulty	Poor	Not applicable
Cutting out				
Colouring				
Copying shapes				
Copying patterns				
Pencil grasp				
Letter formation				
Copying from Blackboard				

Writing

(e.g letter formation, pencil grasp, copying from blackboard, independent writing, presentation of work)

(Please attach a sample of child's free writing)

Please give details of any other English books that are being used at present by this child. Please specify the level. Is it class / age appropriate?

Maths

Name of book and publisher currently being used by the child:

(Tick where appropriate)

Can s/he match the number symbol to the corresponding number of objects?	Yes	No	N/A		
Can s/he perform operations of addition?	0 – 10	11 – 20	21 – 50	50 – 100	100+
Without regrouping?	Yes	No	N/A		
With regrouping?	Yes	No	N/A		
Can s/he perform operation of addition:	0 – 10	11 – 20	21 – 50	50 – 100	100+
Without decomposition?	Yes	No	N/A		
With decomposition?	Yes	No	N/A		
Can s/he perform operations involving multiplication?	Yes	No	N/A		
Can s/he perform operations involving division?	Yes	No	N/A		

Problem – Solving

Can he/she solve problems if reading without help? Yes No

If no, can he/she problem solve if the teacher reads the problem to him/her? Yes No

Please comment on particular strengths/needs that s/he displays in maths:

(acquisition of concepts/ mental maths/number facts/ problem solving etc)

Please list any computer software that the child is familiar with:

Please comment on the child's interest/participation in other curricular areas:

Please comment on the child's self-esteem:

Has the child any special interests/hobbies/clubs?

Please add any further information, which may help to describe this child's needs:

Commitment to homework:

School Attendance

Total school days to date this year: _____

Total school days attended: _____

Total school days last year: _____

Total school days attended: _____

Comment:

Additional Support Teaching

Does the child receive support teaching? Yes No

If yes, for how many years has he/she been receiving supplementary teaching? _____

Please specify type of support (e.g. in class support, withdrawal on individual or group basis/ combination of both)

Please specify subject areas / child's needs addressed by Support Teacher(s):

Number of days per week the child receives support teaching: _____

Total support teaching hours per week: _____

(Or attach child's support teaching timetable if available)

Please outline the progress that the child has made in reaching targets identified in his/her support plan during the current academic year:

Please attach a copy of the child's current Support Plan

Assessment Results

Give details of any recent standardised tests (screening and diagnostic) administered by class teacher or support teacher.

(e.g. BIAP / MIST of Drumcondra / Sigma / Micra T reading, Cat 4, WRAT5, WIAT, YARC etc.)

Alternatively attach a copy of results page

Date of Test	Name of Test	Results

Class teacher’s signature: _____

Date: _____

Support teacher’s signature: _____

Date: _____

School Principal’s signature: _____

Date: _____