



**FUTURE ASSURED
SPECIAL SCHOOL**

EXPRESSION OF INTEREST / ENROLMENT FORM
SCHOOL YEAR 2023 / 2024

EXPRESSION OF INTEREST FORM

NAME OF CHILD (IN FULL, AS N BIRTH CERTIFICATE): _____

ADDRESS AT WHICH CHILD RESIDES: _____

TELEPHONE NO: _____ DATE OF BIRTH: _____

NATIONALITY: _____ COUNTRY OF BIRTH: _____

FATHER'S NAME: _____ TELEPHONE NO: _____

FATHER'S EMAIL: _____

MOTHER'S NAME: _____ TELEPHONE NO: _____

MOTHER'S EMAIL: _____

ALTERNATIVE CONTACT: _____ TELEPHONE NO: _____

RELATIONSHIP: _____

DID YOUR CHILD ATTEND PRESCHOOL: _____ FOR HOW LONG: _____

Is your child enrolled in another school: YES/NO **(please circle as appropriate)**.

If yes, please state school's name and date of enrolment:

Has your child ever had a psychological assessment? Yes ___ **(Please note that a copy of the psychological report must be attached to this form)**

Office Use Only:

Received on (please insert date):

SCHOOL ENROLMENT FORM

NAME OF CHILD (in full, as on birth certificate)

ADDRESS AT WHICH CHILD RESIDES:

DATE OF BIRTH: _____

NATIONALITY: _____ COUNTRY OF BIRTH: _____

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

MOTHER'S NAME:

MOBILE NO: _____

MOTHER'S EMAIL ADDRESS: _____

FATHER'S NAME: _____

MOBILE NO: _____

FATHER'S EMAIL ADDRESS: _____

IS THE CHILD LIVING WITH BOTH PARENTS? _____

DID YOUR CHILD ATTEND PRESCHOOL?: _____

FOR HOW LONG?: _____

WHERE? _____

IS YOUR CHILD CURRENTLY ATTENDING A SCHOOL? _____

FOR HOW LONG?: _____

WHERE?

HAS YOUR CHILD EVER HAD A PSYCHOLOGICAL ASSESSMENT? _____

HAS YOUR CHILD EVER RECEIVED A SPEECH AND LANGUAGE REPORT? _____

NAME OF BROTHER/SISTER IN THIS SCHOOL IF ANY:

Please give names, addresses, and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

Person who usually collects child (ren)

_____ Phone

_____ Phone

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours; If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information: _____

SCHOOL EMERGENCIES/SICKNESS/UNEXPECTED CLOSURES, ETC.

THE FOLLOWING INFORMATION WILL BE USED BY THE SCHOOL IN THE EVENT:

- Your child is feeling sick
- An emergency occurs while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return

home of pupils

- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc. and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of one other person you nominate for us to contact. We will ask this person to come and collect your child/children.

PERSON THE SCHOOL WILL CONTACT: _____

TEL/MOBILE: _____

MEDICAL EMERGENCY/ACCIDENT

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to the school Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to the school Doctor/Hospital if an emergency arises.

SIGNED (PARENT/GUARDIAN) _____

FAMILY DOCTOR (ONLY IF YOU WISH)

Doctor's Name _____ Telephone No: _____

Do your child/children have any specific medical condition (e.g. asthma,epilepsy, eyesight,hearing etc.) or emotional problems which may affect your child at school?

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MEDICATION REQUIREMENTS (please refer to medication policy):

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It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Do your child/children have an allergic reaction to medication or food?

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— Is there any other relevant information about your child/children which we should know?

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I consent to the school's Code of Behaviour and related policies;

PARENTS SIGNATURE(S): _____

I consent to my child's participation in the Anti-bullying Programme

PARENTS SIGNATURE(S): _____

During your child's time in Future Issured School, it may be necessary from time to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

PARENTS SIGNATURE(S): _____

I give permission to allow my child's photograph/image/ video (delete as appropriate) to be included in school-related activities, competitions etc.

PARENTS SIGNATURE(S): _____

I give permission to allow my child's photograph/image/ video (delete as appropriate) to be included on the school's Facebook page;

PARENTS SIGNATURE(S): _____

I wish to enrol my child _____ to Future Assured School for Children with special educational needs. I declare the above information to be correct and understand that it will be treated as confidential.

SIGNED: _____

DATE: _____

Please ensure that you have included a Birth Certificate with this form. These documents will be photocopied and returned to you.

Office Use Only:

PRINCIPAL'S SIGNATURE : _____

DATE: _____

BIRTH CERTIFICATE RECEIVED: YES NO.