

DISABILITY APPLICATION FORM

PLEASE COMPLETE THIS FORM AS FULLY AS POSSIBLE. IT HELPS US
UNDERSTAND THE APPLICANT'S NEEDS.

IF APPLYING FOR NURSERY PLEASE FILL IN SEPARATE NURSERY APPLICATION FORM

Please return this form, two weeks prior to the applicants visit.

Child's Surname	Christian Names
Date of Birth	Nationality
Address	
Postcode	
E-Mail Address: (Please State Clearly)	
Telephone (Home)	Telephone (Daytime)
Previous Schools Attended (with dates)	
Religion of Child	
Religion of Father	
Religion of Mother	
Date for which Admission is requested & Form	

Present Parish	Date of Baptism	Parish in which Baptised
Has your child made his/her first confession? (please give date)	Has your child made his/her first communion? (please give date)	Has your child been confirmed? (please give date)

Have any family members attended St Joseph's? If so please state dates of attendance.

Father's name	Father's nationality
Father's address (if not the same as the applicant's)	
Postcode	
Telephone (Home)	Telephone (Daytime)
Father's Occupation	

Mother's name	Mother's nationality
Mother's address (if not the same as the applicant's)	
Postcode	
Telephone (Home)	Telephone (Daytime)
Mother's Occupation	

Special family circumstances (please write in confidence, circumstances such as single parent family and, if parents are divorced or separated, please make clear who has legal custody).

Siblings: please name brothers and sisters with dates of birth and school attended.

Medical Details

Name of General Practitioner (GP): NHS Number:

Address of GP including Post Code:

GP Telephone Number:

GP Telephone E-mail:

Please State Primary Care Trust (PCT):

Name of Consultant:	Hospital:	Specialist Area: e.g. Orthopedic, etc.
Name of Consultant:	Hospital:	Specialist Area: e.g. Orthopedic, etc.
Social Services Name of Social Worker:	Address of Social Worker:	Telephone Numbers for Social Worker:

E-Mail Address for Social Worker:		Any Additional Notes:
-----------------------------------	--	-----------------------

Skills, Independence & Social Interaction:

Mobility:

Primary Mobility – Please Tick (✓) 1 only:

- Fully Ambulant
- Walks with Crutches / Aids
- Self-Propelled Wheelchair User
- Requires pushing in a wheelchair
- Powered wheelchair / scooter user
- Other

Local Wheelchair Centre:

Does the Applicant Have:	Yes	No	Please Give Details When Appropriate:
A Loaned Manual Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	NHS / Shared / Independent
An EPIOC (Electronically Powered Indoor / Outdoor Chair)	<input type="checkbox"/>	<input type="checkbox"/>	NHS / Shared / Independent
Communication Please Tick (✓) 1 only:			
Fully Intelligible Speech	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Partially Intelligible Speech	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Unintelligible Speech	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Communication Aids: Low tech	<input type="checkbox"/>	<input type="checkbox"/>	Please Give Details:
Communication Aids: High Tech	<input type="checkbox"/>	<input type="checkbox"/>	Please Give Details:

NOTE: if the applicant uses any communication equipment or aids it is ESSENTIAL that you bring them / it with you on your visit.

Any Other Information:
 e.g. emotional, behavioral, visual, hearing, feeding / eating and dietary issues, any other specialist equipment used, or
 any other information which you feel may help us better understand the needs of your child
 (continue on separate sheet if necessary):

St. Joseph's Preparatory School adheres to the 1998 Data Protection Act. The information we are asking for may be placed in a manual file, placed on a computer database and passed to other individuals both internally and externally who are involved with your child. By signing / completing this form, you are agreeing to the above statement. If you do not agree to any aspect of this, please inform the Headteacher in writing.

Name:	Date:
Signed:	

Comments:

Before and After School Care Clubs

<i>Please tick if you will require any of these services.</i>		Before School Care	After School Care
<i>Please Note: Separate Registration Forms will need to be completed.</i>	Monday	<input type="checkbox"/>	<input type="checkbox"/>
	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
	Thursday	<input type="checkbox"/>	<input type="checkbox"/>
	Friday	<input type="checkbox"/>	<input type="checkbox"/>

Declaration by parents or guardian

I declare the above particulars to be true and correct and if my child is accepted by the school, I agree to be bound by the terms and conditions as outlined in the school literature and as amended from time to time, I understand that the School's Terms and Conditions require parents to give the school a full term's notice or alternatively a full term's fees in lieu of notice if they wish to remove their child from school and I will ensure that my son/daughter abides by the school's rules and regulations throughout his/her attendance at St Joseph's Preparatory School.

Father's or Guardian's Signature	Date
Mother's or Guardian's Signature	Date
PLEASE TICK THE APPROPRIATE BOX IF YOU DO NOT WISH YOUR CHILD'S PHOTOGRAPH TO BE TAKEN FOR OUR DISPLAYS / MARKETING ETC *	* PLEASE TICK

Enclosures: Please note that the following must accompany this form. No application will be registered until all documents and the administration fee have been received.

1. Administration fee (non-refundable) £20.00. This covers the processing of the application form.
2. A copy of your child's birth certificate.
3. A photocopy of the Baptismal Certificate.
4. Photocopy of last report from the applicant's present school.