



MGLD Application Form

Academic Year: _____

Completed forms to be returned to the school office (accompanied by a copy of the NCSE Eligibility form, Birth Certificate, and all relevant psychological and professional assessment reports)

SECTION A: PERSONAL INFORMATION

Child's First Name: _____

Gender: _____

Surname: _____

Date of Birth: _____

Home Address: _____

PPS. No: _____

Nationality: _____

Home Phone No: _____

Religion: _____

Mother's Name: _____

Work No: _____

Occupation: _____

Mobile: _____

Email address: _____

Father's Name: _____

Work No: _____

Occupation: _____

Mobile: _____

Email address: _____

Please give name and class of previous school:

Name: _____

Class: _____



SECTION B: SCHOOL INFORMATION

Number of children in family: _____

Position of child: _____

If you have other children attending this school, please state:

Name : _____ Class _____

SECTION C: LEARNING NEEDS

1. Briefly outline your child's special educational needs:

2. Which of the following agencies/services has your child attended?
Please mark **X** in the box.

Assessment of need	<input type="checkbox"/>	Speech therapist	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>	Psychologist	<input type="checkbox"/>
Lucena Clinic	<input type="checkbox"/>	Psychiatrist	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Outline briefly the reasons for referral/attendance and if the treatment/therapy your child received

SECTION D: SCHOOL TRANSPORT

Will your child require school transport to/from school? Yes ☐ No ☐

Parents offered a place for their child will be asked to complete the necessary **NCSE** special class enrolment and transport forms.

I confirm that all details given above are correct.

Parent/Guardian

All information given will be treated confidentially