



## Scoil Naomh Feichín

### Enrolment Application Form Autistic Spectrum Disorder (ASD) Class 2022/2023

#### Personal Details of Child:

|                 |  |            |  |              |  |
|-----------------|--|------------|--|--------------|--|
| Surname         |  | First Name |  |              |  |
| Child's Address |  |            |  |              |  |
| Date of Birth   |  | Gender     |  | Child's PPSN |  |

#### Family Information:

|                        |                                     |                     |  |
|------------------------|-------------------------------------|---------------------|--|
| Father's Surname       |                                     | Father's First Name |  |
| Address                | (if different from child's address) |                     |  |
| Father's Mobile Number |                                     | Father's Email      |  |

|                        |                                     |                     |  |
|------------------------|-------------------------------------|---------------------|--|
| Mother's Surname       |                                     | Mother's First Name |  |
| Address                | (if different from child's address) |                     |  |
| Mother's Mobile Number |                                     | Mother's Email      |  |

|  |          |  |
|--|----------|--|
| Does your child have siblings who attend Scoil Naomh Feichín ? | Yes / No |  |
| Names of siblings: (if any)                                    |          |  |

#### Educational / Childcare Information:

|  |  |              |  |
|--|--|--------------|--|
| Previous School / Childcare Facility   |  |              |  |
| Address of School / Childcare Facility |  |              |  |
| Years Attended                         |  |              |  |
| Name of Contact Person                 |  | Phone Number |  |

#### Diagnosis of Autism:

|   |  |                    |  |
|---|--|--------------------|--|
| Has your child been assessed for Autism ? (Yes / No)            |  | Date of assessment |  |
| Person who carried out this assessment                          |  |                    |  |
| Has your child received a diagnosis of Autism / ASD? (Yes / No) |  |                    |  |

## Parental Declaration

I / We, the undersigned, confirm that the information supplied is accurate and correct.

By submitting this application, I / we hereby agree that the applicant will, to the best of their ability, take part in every aspect of the school curriculum and will follow the Code of Behaviour and Anti-Bullying Policy of Scoil Naomh Feichín. I / We have read the Enrolment Policy for the ASD Class in Scoil Naomh Feichín and accept the terms and of this school policy.

## Signature of Parents / Guardians

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please note:**

Application does not guarantee a place in our Special Class.

Applications will be placed on a waiting list and places will be allocated firstly on the basis of the enrollment criteria (as per Enrolment Policy) and then filled on a first come, first served basis.

### **CHECKLIST FOR PARENTS / GUARDIANS**

|   |  |     |  |    |  |
|---|--|-----|--|----|--|
| 1 | Completed the Enrolment Application Form and signed and dated the Parental Declaration.  | Yes |  | No |  |
| 2 | Copy of Child's Birth Certificate  | Yes |  | No |  |
| 3 | Copy of a diagnosis of a qualifying autism spectrum disorder (DSM IV/V or ICD 10), made using a professionally recognised clinical and psychological assessment procedure. | Yes |  | No |  |
| 4 | Copy of a recommendation to attend an ASD / Special Class attached to a mainstream school, dated less than two years prior to the proposed admission date.                 | Yes |  | No |  |