



Scoil Naomh Feichín

Enrolment Application Form  
Autistic Spectrum Disorder (ASD) Class 2024/2025

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)		
Mothers' Mobile Number		Mothe r'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 enrolment criteria (as per Enrolment Policy) and then filled on a first come, first served basis.

<b><u>CHECKLIST FOR PARENTS / GUARDIANS</u></b>				
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	