



Application form for our Inclusion Class for pupils with autism 2027/2028

Please use BLOCK CAPITALS if completing this form by hand.

1. **Child's name:** Forename: _____
Surname: _____

2. **Date of Birth:** Day/Month/Year ____/____/____

Please attach a copy of your child's Birth Certificate

3. **Child's PPSN** _____

4. **Siblings** (brothers/sisters) currently attending/ previously having attended the school: Yes/ No ____

If your answer is yes, please list relevant names and classes/years.

5. **Child's home address:** _____

6. EIRCODE

Please attach **two** documents with *proof of address* (e.g. Copies of utility bills from the previous three months/register of electors etc.

7. **Is either parent/guardian a past pupil** of Crehana N.S., Carrickbeg? Yes/No _____

If yes, please provide details below.

8. **Please give details of parents'/guardians' address**

Parent/Guardian A.	Parent/Guardian B.
Name:	Name:
Address:(if different to child's)	Address: (if different to child's)

9. ONE DESIGNATED EMAIL address and ONE MOBILE number for the purposes of application.

Email address _____

Mobile Phone number _____

In the case of parental separation, requests may be made to have messages sent in **duplicate**.

Please enter the second email address and phone number here, if you are requesting this arrangement.

Email address _____

Mobile Phone number _____

Inclusion Class Eligibility documentation required:

Children and young people are eligible for enrolment in a special class for pupils with autism when the following is provided in support of such an application:

Professional report(s) outlining:

- Diagnosis of Autism: DSM IV/V or ICD 10/11 (psychologist, psychiatrist, multi-disciplinary report)

AND

- A demonstration of the understanding of complexity of the child's overall level of need/s evidenced in the professional reports

AND

- Given the severity or complexity of the child's support needs, a clear professional recommendation as to what educational placement type would be most appropriate to best meet the child's needs, along with the rationale for same

AND

- A letter of Eligibility from the NCSE confirming that the child is known to them and that the child has the required diagnosis and recommendation for a special class for autism.

If your application is successful, you will be asked to complete a more comprehensive enrolment and consent form.

Please note: Our school grounds open for reception of pupils at 9.10 a.m.

Our official school opening time is currently 9.20 a.m.

I/we confirm that I/we am/are aware that the data relating to this application will be kept on file in the school.

I/we confirm that I/we have seen and read (online at <http://www.Crehanans.com> or received a copy) of the school's Code of Behaviour and Admission policy.

I/we agree that the pupil, if enrolled herewith, will be subject to these codes and policies.

Signed: Parent/Guardian1. _____

Printed Name (block capitals) _____

Signed: Parent/Guardian 2. _____

Printed Name (block capitals) _____

Date: _____

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