# Application form for our Special 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_____

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Special 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 autistism.

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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