



# *St. Anne's National School – ASD Classes*

## **APPLICATION FORM FOR ADMISSION**

This is an Application Form for admission and does not constitute an offer of a place, implied or otherwise.			
CHILD'S SURNAME			
CHILD'S FIRST NAME		Male	Female
CHILD'S PPS No.			DATE OF BIRTH
COUNTRY OF ORIGIN		RELIGION	
ADDRESS (Primary Residence)			
MOTHER'S NAME		Mobile No.	
FATHER'S NAME		Mobile No.	
<b>EMERGENCY CONTACT DETAILS. Please make arrangements with 2 responsible adults (e.g. grandparents, aunts/uncles, close relations, neighbours) to act as emergency contacts in the event of the school not being able to contact you.</b>			
NAME	RELATIONSHIP TO CHILD	PHONE NUMBER	
1.		Ph:	
2.		Ph:	
HAS YOUR CHILD ATTENDED PRE-SCHOOL ?		YES	NO
IF SO WAS THIS IN AN EARLY INTERVENTION UNIT FOR CHILDREN WITH AUTISM?		YES	NO
NAME, ADDRESS & PHONE NO. OF PRE-SCHOOL			
FOR HOW MANY YEARS DID YOUR CHILD ATTEND THIS UNIT?		1 YR	2 YRS
HAS YOUR CHILD BEEN IN JUNIOR INFANTS BEFORE?		YES	NO
BROTHERS / SISTERS	Name	Age	School Attending
(1)			
(2)			
(3)			

## *St. Anne's National School - ASD Classes - ADDITIONAL INFORMATION*

### **TRANSPORT APPLICATION**

Your child may be entitled to school transport. Please tick the box below if you are interested in availing of this.

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### **ANY SPECIAL DIETARY REQUIREMENTS/RESTRICTIONS FOR RELIGIOUS AND/OR MEDICAL REASONS:**

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	<i>Tick here if Satisfactory</i>	<i>Tick here if there are any difficulties</i>
<b><i>Vision</i></b>		
<b><i>Hearing</i></b>		
<b><i>Physical Co-ordination</i></b>		
<b><i>Speech and Language</i></b>		
<b><i>Toilet Training</i></b>		

Is your child on any long-term medication? \_\_\_\_\_

***If YES, please give details*** \_\_\_\_\_

Does your child require any infrastructural resources OR aids? \_\_\_\_\_

***If YES, please give details*** \_\_\_\_\_

Does your child suffer from any allergies / medical condition that may necessitate the administration of emergency medicine / treatment on the school premises? **If YES, please give details:**

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**Any other comments / information:**

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## **GENERAL HEALTH AND DEVELOPMENT**

Your child may have been referred to or have been in receipt of services from other outside agencies

(HSE, psychologist, counsellor, speech therapist, occupational therapist, social worker)?

Please give details (name of specialist, contact details etc);

<b>HSE service provider:</b>	
<b>Autism Nurse Specialist</b>	
<b>Speech &amp; Language Therapists:</b>	
<b>Occupational Therapist:</b>	
<b>Home Tutor:</b>	
<b>Other:</b>	

## **CHECKLIST: The following items must accompany your application form.**

I have enclosed the following with my application form:

- ☐ A recent **psychological report** with a primary diagnosis of *autism*. This report must be provided by a *qualified professional* and cannot be more than *two years old*.
  
- ☐ A **report** from a member of a multi-disciplinary team.
  
- ☐ (a) An Original Long Form **Birth Certificate** *and* (b) An Original Roman Catholic Baptismal Certificate (if applicable)

**Application received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note 1. This form is not a guarantee of a place or implication of a guarantee of a place.**

**Note 2. Applications will only be accepted on the basis of a psychological report provided by a qualified professional (maximum 2 years old).**