



St. Patrick's National School, Drumcondra, D09XH52

Scoil Phadraig, Droim Conrach, Ath Cliath D09 XH52

Email: secretary@saintpats.ie Telephone: (01)8372714

Charity number:20116453

FOR SCHOOL YEAR SEPT
APPLICATION FOR ENROLMENT TO THE AUTISM CLASS
(PLEASE USE BLOCK CAPITALS)

ALL SECTIONS MUST BE COMPLETED

SECTION A: CHILD

Surame First Name(s)
Date of Birth PPS:.....
Does the child have a sibling in this school? YES NO

SECTION B: PARENTS/GUARDIANS

Parent/ Guardian A:

Name

Address

Email address.....

Telephone No: Mobile/Home..... Work.....

Parent/ Guardian B:

Name

Address

Email address.....

Telephone No: Mobile/Home..... Work.....

SECTION C: PREVIOUS SCHOOL

Has the child attended any other school (or pre-school) ? YES NO

If YES, in respect of last school attended, please state:

(a) Name and address of school

(b) Years attended

SECTION 4: DOCUMENTATION

Please ensure that all of the following is supplied with the application in order for it to be processed.

- A copy of birth certificate (verifying child is aged 4-7 on the 1st of June 2024)
- TWO original documents as follows as proof of address (dated within three months), e.g. a current gas/electricity/landline telephone bill, statement from bank/credit union; letter from Dept of Social Protection, Revenue, or other official documentation from state agency, insurance company, etc.
- A report, dated within two years, from a psychologist, or a member of a multidisciplinary team, (e.g. Clinical Psychologist, Occupational Therapist, Speech & Language Therapist, Social Worker,Physiotherapist) who has assessed and classified the child as having a primary diagnosis of Autism, using the DSM V or ICD 10 criteria, and a recommendation that a placement in an autism class in a mainstream school is both necessary and suitable for the child.
- Any other relevant reports - speech and language, therapy, occupational therapy and psychological reports.

I understand that it is my responsibility to inform the school of any change of contact details or other relevant circumstances.

Signature(s) of Parent(s)/Guardian(s)

.....

Date

Please post to Secretary, St Patrick's NS, Drumcondra, Dublin 9

For St Patrick's NS use only:

Receipt of Form Date:

Age

- Copy of birth cert received
- Proof of Address received
- Report/Recommendations received