**St. Martin de Porres N.S.**

Principal: Ms. Valerie O’Loughlin

Heatherview Lawn, Aylesbury, D24HF54

Roll No. 19617W

**APPLICATION FOR ENROLMENT TO AUTISM CLASS FOR THE SCHOOL YEAR 2025/2026**

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| **This is an application form only and does not constitute an offer of a place for pupils with Autism. PLEASE PRINT IN BLOCK CAPITALS** |
| **YEAR FOR ADMISSION** |  | **CLASS** |  |
| **PUPIL’S FIRST NAME** |  | **PUPIL’S SURNAME** |  |
| **DATE OF BIRTH** |  | **PPS** |  | **MALE** | **FEMALE** |
| **ADDRESS:****(PRIMARY RESIDENCE)** |  | **EIRCODE** |
| **PARENT 1 NAME** |  | **PARENT 2 NAME** |  |
| **TELEPHONE NUMBER** | **HOME** | **MOBILE****PARENT 1:****PARENT 2:** | **EMAIL ADDRESS** |
| **ILLNESSES/ALLERGIES** |  |
| **NAME & ADDRESS OF PREVIOUS SCHOOL / PRE-SCHOOL** |  |
| **SIBLING(S) IN SCHOOL****(BROTHER/SISTER)****NAME/CLASS OF SIBLING** |  |

**The child’s birth certificate, baptismal certificate (a copy of both will do), proof of address and all other relevant documentation must be supplied with this application.**

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| **All of the information you provide on this Application Form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application will be rendered invalid. We reserve the right to use any necessary means to verify proof of primary residence.** |

**Applications to be returned by: 29th January 2025 Places will be offered by: 12th February 2025**

**FOR OFFICE USE ONLY**

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| ***Date received:*** | ***Signed (received by):*** | ***Birth & Baptismal certificate******YES / NO*** | ***Reports Enclosed******YES / NO*** |
| ***Office*** | ***Additional Information:*** |

**Application for Autism Class: CHECKLIST**

*To facilitate the application process, please refer to the school’s Admission Policy and tick the boxes below, if applicable.*

* I have notified the NCSE of my intention to apply for a place for my child in an Autism Class and the NCSE has furnished me with a letter confirming eligibility
* My child has a diagnostic report with recommendation

for a special class in a mainstream school,

issued within the last 2 years. (Please provide a copy of report)

* My child has a diagnosis of Autism made using the

DSM-V or ICD-10 criteria. (Please provide a copy of report)

* My child has a general learning disability within

the mild range. (Please provide a copy of report)

* My child is currently enrolled in a mainstream class

in St Martin de Porres NS.

* My child has siblings currently enrolled in

St Martin de Porres NS.

* I live within a 2-mile radius of St Martin de Porres NS.
* None of the above applies for my child’s application