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

Principal: Ms. Valerie O’Loughlin

Heatherview Lawn, Aylesbury, D24HF54

Roll No. 19617W

**APPLICATION FOR ENROLMENT TO ASD CLASS FOR THE SCHOOL YEAR 2024/2025**

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| **This is an application form only and does not constitute an offer of a place for pupils with Autism Spectrum Disorder. 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 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: 31st January 2024 Places will be offered by:14th February 2024**

**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 ASD Class: CHECKLIST**

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

* 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 ASD 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 