St. Martin de Porres N.S.

Principal: Mr. Richie Hoban
Heatherview Lawn, Aylesbury, D24HF54
Roll No. 19617W

APPLICATION FOR ENROLMENT TO AUTISM CLASS FOR THE SCHOOL YEAR 2026/2027

This is an application form <u>only</u> 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		**<u>PPS</u>**		**<u>MALE</u>**	**<u>FEMALE</u>**
ADDRESS: (PRIMARY RESIDENCE)				**<u>EIRCODE</u>**	
PARENT 1 NAME			**PARENT 2 NAME**		
TELEPHONE NUMBER	**<u>HOME</u>**	**<u>MOBILE</u> PARENT 1: PARENT 2:**		**<u>EMAIL ADDRESS</u>**	
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.

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: 28th January 2026 Places will be offered by: 11th February 2026

FOR OFFICE USE ONLY

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

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 ☐