

SCOIL BHRIDE KILBRIDE CLONEE CO MEATH
ENROLMENT APPLICATION FORM

Application Form for enrolment into the ASD UNIT

Child's First Name: _____ Surname: _____
Gender: Male / Female P.P.S. No: _____
Date of Birth: _____ Nationality: _____
Religion: _____
Mobile number: _____ E-Mail: _____
(Electronic versions of letters and notifications are sent to parents/guardians)
Father's Full Name: _____ Mother's Full Name: _____
Occupation: _____ Occupation: _____
Nationality: _____ Nationality: _____
Contact number/s: _____ Contact number/s: _____
Parents' Marital / Civil Status: _____ (Married, Single, Separated, Widowed etc.)
Address at which the child normally resides

Details of any legal orders affecting family arrangements for school: _____

Siblings attending this school: Name/s & Class/es:

Name: _____ Class: _____

Name: _____ Class: _____

If your child was born outside of Ireland please give the following additional details:

Date of arrival in Ireland: _____ Is English language tuition required? Yes / No

Details of school most recently attended if applicable:

Name: _____ Address: _____

Tel: _____

Email: _____

Name of Principal: _____ Proposed admission date: _____

CHECKLIST

Have you attached / enclosed with this form:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Copy of child's Birth certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Copy of a diagnosis of a qualifying autism spectrum disorder (DSM IV/V or ICD 10), made using a professionally recognised clinical and psychological assessment procedure | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Copy of a recommendation to attend an ASD class, attached to a mainstream school, dated less than two years previous to the proposed admission date | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. If your child has a general learning disability, confirmation that it is within the mild range, made by a professionally recognised clinical and psychological assessment procedure, dated less than two years previous to the proposed admission date. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. A letter of acceptance from clinical support services associated with your child's learning challenges | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Signed the declaration and dated this application form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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We the undersigned, confirm that the information supplied is correct; confirm that we are aware that the data relating to this application will be kept on file in the school and may be used by the school in the election of Parents/Guardians to the school Board of Management. We are also aware that the data may be disclosed, as appropriate, to:

- The Department of Education & Skills.
- The Health Services.

Signature of Parents / Guardians:

Signed: _____

Date: _____

Signed: _____

Date: _____