



Scoil Bhríde, Kilbride, Clonee, Co. Meath, D15 XA32.

Telephone: 01-8210300 Email: info@scoilbhridens.ie

Web: <http://www.scoilbhridens.ie> Roll No.: 168250

APPLICATION FOR ADMISSION FORM - AUTISM CLASS 2026-2027

General Information on Child:

First Name:	Surname:
Address:	Eircode:
Nationality:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	PPS Number:

General Information on Parents(s)/Guardian(s):

Parent/Guardian Name (1):	Parent/Guardian Name (2):
Address (if different from child's):	Address (if different from child's):
Mobile No.	Mobile No.
Email:	Email:
Home Phone No.:	Home Phone No.:

Siblings in the school:

Yes

☐

No

☐

Name(s) of sibling(s):

Sibling(s) Class(es):

Details of school most recently attended, if applicable:

School Name:	Telephone No.:
Address:	Eircode:
Email:	
Name of Principal	

Proposed admission date at Scoil Bhríde: _____

CHECKLIST

Have you attached /enclosed with this form:

1. Copy of child's Birth certificate Yes ☐ No ☐
2. Diagnosis of special educational needs – Autism: (DSM IV/V or ICD 10/11),
(psychologist, psychiatrist, multi-disciplinary report) Yes ☐ No ☐
3. A demonstration of the understanding of the complexity of the child's overall
level of need/s evidenced in the professional reports Yes ☐ No ☐
4. Given the severity or complexity of the child's support needs, a clear
professional recommendation as to what educational placement type would
be most appropriate to best meet the child's needs, along with the rationale
for same Yes ☐ No ☐
5. A letter from the NCSE confirming that the child is known to them and that the
child has the required diagnosis and recommendation for a special class
for autism. Yes ☐ No ☐
(Parents/Guardians please note: to receive this letter of eligibility from
the NCSE please contact the NCSE at
<https://ncse.ie/notify-ncse-special-class-special-school> by 1st October
of the year preceding application for admission to school)
6. Signed the declaration and dated this application form? Yes ☐ No ☐

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: _____