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:<br>Male ☐ Female ☐ |
| 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 rational 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. (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) — Yes ☐ No ☐
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: _____