**Application for ASD Class**

**Child’s First Name: Child’s Last Name:**

Address:

Date of Birth:

PPS Number:

Previous School / Pre School attended**:**

**Parent / Guardian Information**

Father’s Name: (Print Name)

Mother’s Name: (Print Name)

**Contact Numbers:**

Father:

Mother:

Email:

I understand that:

* The receipt of the pre-enrolment form does not guarantee that the child will be offered a place.
* It is my responsibility to inform the school of any change of contact details or other relevant circumstances.
* I have read and understand the attached Admissions Policy.

Signed:

Relationship to child:

Date:

**Documentation**

Please ensure that all of the following is supplied with the application as otherwise it will not be processed:

* An original birth cert
* A diagnosis from a psychiatrist, psychologist or a member of a Multi-Disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder according to DSM-V or ICD10 criteria and a recommendation for a placement in a special class within a mainstream school.
* Any other relevant reports – Speech & Language Therapy, Occupational Therapy and psychological reports.

Please send the completed application to:

**The Principal**

**Scoil Lorcain BNS**

**St. John’s Park**

**Waterford**

For Scoil Lorcain office use only:

Receipt of Form Date: ………………….. Report/Recommendations

Age: ……………… Original Birth Cert

Letter of Offer sent date: ……………….. Accepted Declined