



Presentation Primary School Warrenmount Blackpitts Dublin 8.

CLASS FOR CHILDREN WITH AUTISTIC SPECTRUM DISORDER

Application for Admission for the year _____

Child's Name: _____ Male ☐ Female ☐

Date of Birth: _____ Nationality: _____

P.P.S.N: _____ Language spoken at home: _____

Parents/Guardians:

Name: _____ Name: _____

Phone: _____ Phone: _____

Phone for text messages: _____

Address: _____

2nd Address: _____

Email: _____

Does your child have a diagnosis of Autism? Yes ☐ No ☐

Does your child have an additional disability/development delay/cognitive delay?
Yes ☐ No ☐

General Medical & Health Information.

Family Doctor: _____ Phone: _____

Has your child any allergies: Yes ☐ No ☐

Give details: _____

Any other health problems: Yes ☐ No ☐
(Examples: asthma, epilepsy, sight etc.)

Give details: _____

Parent /Guardian Permission.

Do you give permission for child to be photographed during school activities:
Yes ☐ No ☐

Do you give permission for your child to be included on the school website in
accordance with the Dept. of Education "Child Protection Guidelines":
Yes ☐ No ☐

Parental /Guardian Agreement.

We/I have read on the web site or received copies of the School Information Booklet and the Code of Behaviour Booklet.

We/I understand that our/my child must abide by the guidelines in these booklets to support the rules and ethos of this school.

Completion of the application form does not automatically entitle a child to a place in the school. Where pressure for places exists, preference will be given by date of application.

Previous school/play group if applicable:

Name: _____

Address: _____

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Returning the Form.

Please tick below as appropriate.

I have read and understood the attached Enrolment Policy. ☐

I have enclosed the A.S.D. diagnosis report. ☐

I have enclosed a psychological assessment/multi-disciplinary team report. ☐

I have enclosed a copy of my child's birth certificate. ☐

Please return this form together with relevant reports including A.S.D. diagnosis, the most recent psychological or multi-disciplinary team report and a copy of your child's birth certificate as soon as possible.

Signed: _____

Date: _____

Relationship to child: _____

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For office use only: Date of receipt of completed application form including reports: _____