Gowran NS

www.gowranns.ie

'Promoting full personal, moral and social development in caring Christian communities of learning and teaching.'

APPLICATION FOR ENROLMENT TO AUTISM CLASS

Year of Enrolment: _____   **Class Placement (Junior Infants / 6th Class):** _____

Applicant Details   **PLEASE USE BLOCK CAPITALS**

Pupil First Name(s):	
Pupil Surname:	
Date of Birth:	
Gender:	Male [ ] Female [ ]
Pupil Address:	
Eircode:	
PPSN	
Nationality:	

Parent Guardian Details	1. Mother / Guardian	2. Father / Guardian
First Name:		
Surname:		
Mobile Phone Number:		
Home Phone Number:		
Email:		
Address (if different to pupil's address above):		

Mothers Maiden Surname:	
Language Spoken at home	
Religion (POD purposes only)	
To which ethnic or cultural background group does your child belong (please tick one) **(Categories based on the Census of Population)** **(POD Purposes only)**	White Irish [ ] Irish Traveller [ ] Roma [ ] Any other White Background [ ] Black or Black Irish - African [ ] Black or Black Irish - Any other Black Background [ ] Asian or Asian Irish – Chinese [ ] Asian or Asian Irish - Any other Asian Background [ ] Other (inc. mixed background) [ ]

Chairperson, Board Of Management- Canon Pat Dalton
Principal-Damien Aylward
Deputy Principal-Lorraine O'Connell

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Before completing the following section, please consult Gowran NS ASD Class Enrolment Policy. Then complete below as follows:

1. **Tick the appropriate selection criteria for this application**
2. **For criteria 1-6, please provide relevant details explaining why said criteria is applicable to the applicant.**

Selection Criteria	Tick Or N/A	Give Details, IF APPLICABLE
Criteria 1		
Criteria 2		
Criteria 3		
Criteria 4		
Criteria 5		
Criteria 6		
Criteria 7		

Name of Pre-School / previous School	
Address of Pre-school / previous School	
Telephone Number	

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Medical History

Name and Address of family Doctor	
Telephone Number of family Doctor	[ ] [ ]
Has your child any medical conditions or allergies?	Yes No
If yes please give details:	
Please give details of any other relevant medical issues:	*Attach extra information, if necessary*

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The following items must accompany your application form

- **A COPY OF BIRTH CERT.**
- **PROOF OF ADDRESS - A UTILITY BILL**
- **A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS.**
- **A <u>RECENT</u> PSYCHOLOGICAL REPORT WITH A PRIMARY DIAGNOSIS OF AUTISM**
- **THE REPORT MUST BE PROVIDED BY A QUALIFIED PROFESSIONAL AND CANNOT BE MORE THAN TWO YEARS OLD**
- **THE REPORT MUST HAVE A RECOMMENDATION FOR A PLACEMENT IN A CLASS FOR CHILDREN WITH AUTISM IN A MAINSTREAM SCHOOL.**

- The purpose of this Application Form is to register your details for consideration for a place in Gowran NS Autism Class as outlined in the school's Admission Policy.
- I/We understand that it is our responsibility to read the Admission Policy, which is available on the school website www.gowranns.ie before submitting this form.
- I/We understand the application must be made on this official application form only and within the timeframe as outlined in the Admission Policy.
- I/We understand that by signing this form I/We declare all information contained to be true and accurate.

Signatures:

Mother/Guardian:_____ **Date:**_____

Father/Guardian: _____**Date:**_____

Email for Receipt: _____

<mark>**Please note:** Application does not guarantee a place in our Autism Class. Applications will be placed on a waiting list and places will be allocated firstly on the basis of the Autism Class enrolment criteria (as per enrolment policy) and then filled on a first come first served basis.</mark>

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Office Use Only

Date Rec:

Email sent initial:

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