

Carrigeen NS

www.carrigeenns.com

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



Carrigeen National School, Carrigeen, Co Kilkenny. Tel: 051 895423 Email: carrigeen.scoil@gmail.com

APPLICATION FOR ENROLMENT - 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 <input type="checkbox"/> Female <input type="checkbox"/>
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 <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White Background <input type="checkbox"/> Black or Black Irish - African <input type="checkbox"/> Black or Black Irish - Any other Black Background <input type="checkbox"/> Asian or Asian Irish – Chinese <input type="checkbox"/> Asian or Asian Irish - Any other Asian Background <input type="checkbox"/> Other (inc. mixed background) <input type="checkbox"/>

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Before completing the following section, please consult Carrigeen 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	Give Details
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	

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:	

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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 RECENT 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 Carrigeen 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.carrigeenns.com 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.
- I/we agree to our information being gathered by Carrigeen NS in line with Carrigeen NS Data Protection Policy.
- Carrigeen NS will receipt all applications received via email to the email address provided below.
- If you do not receive same within a couple of days, the onus is on you to contact the school.
- The school does not take responsibility for Application Forms not received.

Signatures:

Mother/Guardian: _____

Date: _____

Father/Guardian: _____

Date: _____

Email for Receipt: _____

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.

Office Use Only

Date Rec:

Email receipt Sent:

Initial: