Application For Primary Special Class for Children with Autism 2027/2028

Brittas N.S.

Brittas, Co. Dublin. D24 WK77.

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DETAILS	
Child's First Name:	Date of Birth:
Child's Surname:	Male: ☐ Female: ☐
Child's Address:	Child's PPs Number:
	Child's Nationality:
Eircode:	Country where Born:
Father's Full Name:	Mother's Full Name:
	Mother's Maiden Name:
Father's Address:	Mother's Address:
Father's Mobile Number:	Mother's Mobile Number:
Fathers Email:	Mothers Email:
Father's Country of Origin:	Mother's Country of Origin:
Name and Address of Playschool/Previous School	**Ethnic/Cultural Background** *(Please tick one)*
Name:	☐White Irish ☐Irish Traveller ☐Any Other White Background
Address:	☐Roma ☐Black African ☐ Any Other Black Background
	☐Other ☐Chinese ☐ Any Other Asian Background
	Is one of the pupil's mother tongues *(i.e. language spoken at home)* Irish or English?: ☐**Yes** ☒ **No**
	Religion:
	If R/C Where Baptised:

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

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

If so, does it fall within the mild range or above:

Have other children in your family attended Brittas N.S.? ☐**Yes** ☐**No**

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Emergency Contact Information:

In the event of an emergency, if neither parent can be contacted, whom should the school contact?
(Please give details of two contacts)

Name	Name
Mobile	Mobile
Tel	Tel
Relationship to Child	Relationship to Child

Other Relevant Information

Is there any other relevant information regarding your child that we should be aware of? *(E.g. family situation, separation etc.?)*

Under Family Law, is there a legal document the school should be aware of? *(If yes, please provide copy)* **Yes☐ No☐**

***How did you hear about Brittas N.S?**

This application form must be completed in full with the following attached:
ASD Diagnosis, Psychological Assessment Report and Letter of Eligibility and returned to the school by the last Mondy in March of the year of Application. Unfilled positions may be filled by late applicants, subject to receipt of a completed application form and all relevant reports on a first come / first served basis.

Please ✓ the relevant boxes below:

I have enclosed my child's ASD Diagnostic Report ☐
I have enclosed my child's Psychological Assessment Report. ☐
I have enclosed a copy of my child's Birth Cirtificate. ☐
I have enclosed a 'Letter of Eligibility' from my local SENO. ☐

IMPORTANT INFORMATION

Thank you for taking the time to consider Brittas NS as your child's Primary School.
Please sign below indicating that you consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during their time in primary school.
Please inform the school of any changes in contact information or circumstances relating to this application.

Signed:_____ **Signed:**_____

Relationship to child: _____ _____

Date: _____ _____

FOR OFFICE USE ONLY:
Date Application Received: _____ **Sig:** _____ **Offer Sent:** _____