Scoil Náisiúnta Portlách
Portlaw National School
school@portlawns.com
www.portlawns.com
051 38 74 54

Application Form (ASD Class)

This application must be accompanied by:

- **An application for enrolment into Portlaw NS,**
- **Your child's Birth Certificate,**
- **Passport (if child is not born in Ireland)**
- ***Relevant* professional reports**
- **<u>A letter from the NCSE</u> confirming that the child is known to them and that the child has the required diagnosis and recommendation for a special class for Autism**

Name of Child: _____ **Date of Birth:** _____

Child's PPS No: _____

Address of Child: _____

_____

_____

Mother's Name: _____ **Contact No:** _____

Father's Name _____ **Contact No:** _____

Mother's email: _____

Father's email: _____

Mother's Address: _____

(If different to child) _____

_____

Father's Address: _____

(If different to child) _____

_____

Please enter the date of your child's latest psychological/psychiatric assessment?.....

This assessment(s) must be attached to this application form. The application will not be considered valid if the report is not attached.

Please read and sign:

I/we understand that the receipt of an application form does not guarantee that my child will be offered a place

I/we understand that it is my responsibility to inform the school of any changes of address, email or telephone number

I/we understand that if I/we have not replied **in writing** to a confirmed offer of a place for my/our child within **7 school days** of that offer being made, I/we will have forfeited my/our child's place on the enrolment list.

I/we understand that this application only applies for one year– if a place is not offered to my/our child by September of that year, a new application must be completed for the following year.

I/we _____ agree to the terms and conditions of enrolment to Portlaw NS Autism class.

Signed: Parent/Guardian _____ Date _____

Signed: Parent/Guardian _____ Date _____

For Portlaw NS use only – Please only enter date when the box below is ticked

Application date: _____

Enrolment year: _____

School Principal: _____

Mandatory documents have been received ☐

Has your child had Speech Therapy up to now? Yes No

If 'Yes' by whom and where? _____

If 'Yes' please Speech & Language Report if available.

When was your child's sight last tested? _____

Result of Test: _____

When was your child's hearing last tested? _____

Result of Test: _____

Has your child any special dietary requirements? Yes No

If 'Yes' please give details: _____

_____

_____

Is your child on any medication? Yes No

If 'Yes' please outline: _____

_____

_____

Has your child had access to physiotherapy? Yes No

If 'Yes' attach Physiotherapy report if available.

Has your child had access to occupational therapy? Yes No

If 'Yes' please attach O.T. report if available.

Is your child toilet trained? Yes No

In order for your child to derive the maximum benefit from his place in an ASD Class in Portlaw National School your child **should** be toilet trained.

Please provide as much information as possible here about your child's toileting needs:

_____

_____

_____

_____

_____

_____

_____

_____

_____