



APPLICATION FORM ASD CLASS 2027

First Name: _____ Surname: _____

Home Address: _____

_____ Eircode: _____

Gender: _____ Date of Birth: _____

Parish of Residence: _____ Religion: _____

Name of sibling's currently enrolled in the school: _____

Name of Pre-school/ Previous school: _____

Parent 1

Full Name: _____ Mobile Number: _____

Contact email address: _____

Parent 2

Full Name: _____ Mobile Number: _____

Contact email address: _____

Name of child's legal guardian/s: _____

Signature of Parent 1: _____ Date: _____

Signature of Parent 2: _____ Date: _____

- Please note a diagnosis from a psychiatrist, psychologist, or a member of a Multi-disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder according to DSM-IV or ICD 10 criteria and the overall IQ score/level of ability as measured in an Educational Assessment must fall within the Average or Mild General Learning Disability Range and a recommendation for a placement in a special class within a mainstream school is required for the child's application form to be processed. This report should be dated within the last 2 years and should be submitted with this form.
- Places in the school are allocated with the school's current Admission Policy which is available on the school's website www.stgabrielsprimary.ie