

T: 021-4357852
M: 086-0229419
Email: info@holycrosscork.ie
Website: www.holycrosscork.ie



Scoil na Croise Naofa,
Mahon,
Cork.
T12 R252

We Welcome, We Encourage, We Learn.

Application Form - *Special Class for pupils with ASD*

Pupil's Name (As per Birth Cert): _____

Address: _____ Eircode: _____

Date of Birth: _____

P.P.S.N: _____

Nationality: _____

Religion: _____

Proposed class: ***Special Class for Pupils with ASD***

Year of Entry: ***September 2021***

Mother/Guardian 1's Name: _____

Father/Guardian 2's Name: _____

Mother's Telephone No: _____

Father's Telephone No: _____

Mother's Email Address: _____

Father's Email Address: _____

Current educational Setting: Name of Early Intervention Setting / Pre-School Setting / Mainstream Primary School Setting & how many years your child has been in that setting:

Required Reports

Each child applying for a place in the special class for pupils with ASD, must have a diagnosis of Autism/ Autistic Spectrum Disorder using DSM V or ICD 10 criteria as set out by a professional/individual approved by the Department of Education and skills and a Multi-Disciplinary Assessment Report. This report must be current and must include a recommendation that a placement in a special class in a mainstream school is both necessary and suitable for the child. **Please attach this report to this application.**

Please also attach all other relevant supporting documents – other reports from professionals, schools etc.

Signature of Parent/Guardian 1 _____

Date: _____

Signature of Parents/Guardian 2 _____

Date: _____

The data contained in this form will be stored and used for the purpose of this application only. If your child is offered a place, a Birth Certificate and an Enrolment form with further information data/information will be required on enrolment. Baptismal Certificates will be required only for pupils making First Holy Communion.