



**APPLICATION FOR ENROLMENT TO AUTISM CLASS**

Year of Enrolment: \_\_\_\_\_ Class Placement (Junior Infants / 6<sup>th</sup> Class): \_\_\_\_\_

**Applicant Details**

PLEASE USE BLOCK CAPITALS

<b>Pupil First Name(s):</b>	
<b>Pupil Surname:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Pupil Address:</b>	
<b>Eircode:</b>	
<b>PPSN</b>	
<b>Nationality:</b>	

Parent Guardian Details	1. Mother / Guardian	2. Father / Guardian
<b>First Name:</b>		
<b>Surname:</b>		
<b>Mobile Phone Number:</b>		
<b>Home Phone Number:</b>		
<b>Email:</b>		
<b>Address (if different to pupil's address above):</b>		

<b>Mothers Maiden Surname:</b>	
<b>Language Spoken at home</b>	
<b>Religion (POD purposes only)</b>	
<b>To which ethnic or cultural background group does your child belong (please tick one)</b>  (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"/>

# Gowran NS

[www.gowranns.ie](http://www.gowranns.ie)

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

Before completing the following section, please consult **Gowran 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	YES or NO	Give Details, IF YES
<b>Criteria 1</b> Children with an ASD diagnosis currently enrolled in the school		
<b>Criteria 2</b> Brother or sister of children already enrolled in the school		
<b>Criteria 3</b> sons/Daughters of past pupils *, priority eldest; See <b>Gowran NS ASD Class Enrolment Policy</b>		
<b>Criteria 4</b> Children residing in the parish of Gowran, priority eldest		
<b>Criteria 5</b> Applicants from outside the parish- Eircode and Google Maps used.  See <b>Gowran NS ASD Class Enrolment Policy</b>		
<b>Criteria 6</b> Applicants from outside the parish, priority eldest.		

<b>Name of Pre-School / previous School</b>	
<b>Address of Pre-school / previous School</b>	
<b>Telephone Number</b>	

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## Medical History

<b>Name and Address of family Doctor</b>	
<b>Telephone Number of family Doctor</b>	[ ] [ ]
<b>Has your child any medical conditions or allergies?</b>	<b>Yes</b> <b>No</b>
<b>If yes please give details:</b>	
<b>Please give details of any other relevant medical issues:</b>	<i>Attach extra information, if necessary</i>

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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 Gowran 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.gowranns.ie](http://www.gowranns.ie) 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.

#### 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.

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**Office Use Only**

Date Rec:

Email sent initial:

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Chairperson, Board Of Management- Canon Pat Dalton  
Principal-Damien Aylward  
Deputy Principal-Lorraine O'Connell