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|  | Thomastown National SchoolThomastown, Golden, Cashel., Co. TipperaryRoll Number: 04620D Tel: 062-72471 Email: thomastownnationalschool@gmail.com  |

ASD Special Class

Enrolment Application Form (2024/2025 School Year)

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| --- | --- |
| Pupil’s First Name |  |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| Address (include Eircode) |  |

**Parent(s)/Guardian(s) Details:**

|  |  |
| --- | --- |
| Name |  |
| Please tick one of the following |  Parent [ ] Custodian [ ] Legal Guardian [ ] |
| Address |  |
| Home Telephone  |  |
| Mobile Number |  |
| Email  |  |

|  |  |
| --- | --- |
| Name |  |
| Please tick one of the following |  Parent [ ] Custodian [ ] Legal Guardian [ ] |
| Address |  |
| Home Telephone  |  |
| Mobile Number |  |
| Email  |  |

**Required Documentation**

Please ensure that the following documentation is enclosed with this application:

* Child’s Birth Certificate
* All relevant psychological reports and/or multi-disciplinary reports

**Note: Applications will only be considered on the basis of a diagnostic or psychological report stating that the child has a primary diagnosis of autism meeting the DSM IV/V or ICD 10 criteria.**

**The report must also contain a recommendation that a special class placement in a mainstream school is necessary and suitable for the child.**

**Closing Date for Applications**

Completed enrolment applications must be returned to Thomastown National School no later than 15th March 2024.

**Note: The acknowledgement of receipt of an enrolment application form, a psychological report and a written recommendation does not constitute an offer of a place in the school. It is simply the recording of an application for admission to our school.**

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| Signature 1:Date: | Signature 2:Date: |