LIMERICK EAST EDUCATE TOGETHER NATIONAL SCHOOL

Application form for Enrolment for ASD class for school year 2017-2018

CHILD INFORMATION

Child's First Name:		Child's Last Name:
		PPS No e aged at least 5 by 30 July 2017
Gender (please tick):	□Female	□Male

Previous school/pre-school/early intervention attended, if applicable.

.....

PARENT/GUARDIAN INFORMATION

Parent 1: Name(s):
Parent 2: Name(s):
Address:
Phone Numbers:
Email :

LIMERICK EAST EDUCATE TOGETHER NATIONAL SCHOOL

DOCUMENTATION

Please ensure that all of the following is supplied with the application as otherwise it will not be processed:

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-V or ICD 10 criteria and a recommendation for a placement in a special class within a



An original birth certificate (with photocopy)

. .

I understand that:

• the receipt of a pre-enrolment form does not guarantee that the child will be offered a place

• it is my responsibility to inform the school of any change of contact details or other relevant circumstances

• if I have not replied to a confirmed offer of a place for my child within 14 days of that offer being made, I will have forfeited my child's place on the enrolment list

Any other relevant reports - speech & language therapy/ occupational therapy and

Signed:

mainstream school.

psychological reports

Date:

Please send the completed application form to:

Limerick East Educate Together National School, The Old Stables, Mungret College, Mungret, Co Limerick.

For Limerick East Educate Together NS use only								
Receipt of Form Date:								
Age		Original birth	cert					
Area								
	Re	eport/Recomr	nendations					
Letter of offer sent date:	Accepted		Declined					

A full copy of the Enrolment policy may be obtained from the website. www.limerickeducatetogether.com