

# Telephone (023) 8849890 Kilbrittain N.S.

####  Kilbrittain

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Application to Enrol Form – “Spraoi “Kilbrittain N.S. (A.S.D. Special Class)

Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Childs Details** |
| Childs Name |  | Date of Birth |  |  | PPSN:  |  |
|  |  |  |  |  |  |  |
| Address |  |  | Religion: |  |  |  |
|  |  |  | Childs Position in the Family: |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Home Phone: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Mothers Details** |  |  | **Fathers Details** |  |  |  |  |
| Name: |  |  | Name: |  |  |  |  |
| Address: |  |  | Address: |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Occupation: |  |  | Occupation: |  |  |  |  |
| Place of Work: |  |  | Place of Work: |  |  |  |  |
| Work Tel. No: |  |  | Work Tel. No: |  |  |  |  |
| Mobile No.: |  |  | Mobile No.: |  |  |  |  |
|  |
| **Additional Information** |
| Has your child been diagnosed with Autism? | Yes |  | No |  |  |
| If “yes”, who conducted the assessment and when? |  |  |  |  |  |
|  |  |  |  |  |  |
| Has your child any other diagnosis of a disability? | Yes |  | No |  |  |
| If “yes”, please give details |  |  |  |  |  |
|  |  |  |  |  |  |
| Has your child a learning disability? | Yes |  | No |  |  |
|  |  |  |  |  |  |
| Has your child had a Speech and Language Assessment? | Yes |  | No |  |  |
|  |  |  |  |  |  |
| Has your child had an Occupational Therapy Assessment? | Yes |  | No |  |  |
|  |  |  |  |  |  |
| Has your child had a sight test? | Yes |  | No |  |  |
|  |  |  |  |  |  |
| Has your child had a hearing test? | Yes |  | No |  |  |
| Your child’s placement in an ASD class will be reviewed at the end of each school year. In consultation with the multi-disciplinary team the school will advise you on the future schooling needs of your child.  |
| Signed: | Mother: |  | Father: |  |  |  |
|  | Date: |  | Date: |  |  |  |

Please complete this Application to Enrol form and return it as soon as possible with copies of the following reports:

* An up-to-date psychological assessment, i.e. an assessment which has been carried out within the previous 12 months, which clearly specifies that your child meets the DSM IV criteria for diagnosis with A.S.D.
* A statement of your child’s cognitive functioning as well as current behaviour analysis
* An up-to-date Speech and Language Assessment
* An up-to-date Occupational Assessment
* Sight and/or Hearing Tests results if available.

**This fully completed Application to Enrol Form 1 will be recorded in the Application file for Kilbrittain Spraoi A.S.D. Special Class.**

**Entry into this file secures a place on the list of Applicants but not a place in a class. Applicants who meet the criteria in our Enrolment Policy will be issued with a separate Enrolment Application Form 2.**