



## Application Form for ASD Class

**Note: All forms must be completed in full and returned to the school, along with a Birth Certificate, Psychologist Report, Medical Report and signed copy of Code of Behaviour. Completion of this form does not guarantee your child a place in the ASD Class.**

Name of Child (in full, as on Birth Certificate) \_\_\_\_\_

Address at which child resides: \_\_\_\_\_

Proof of address is required, e.g. ESB bill, Telephone bill.

Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not born in Ireland, date on which child arrived in Ireland: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

**\*If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Father's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Is the child living with both parents \_\_\_\_\_

Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) \_\_\_\_\_ Number of children in the family: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

If your child was baptised please state where it took place: \_\_\_\_\_

Date of baptism: \_\_\_\_\_

Did your child attend preschool: \_\_\_\_\_ For how long: \_\_\_\_\_

Where? \_\_\_\_\_

At what age did your child begin to speak:

\_\_\_\_\_

Does he/she speak well? \_\_\_\_\_

Has your child ever had a psychological assessment? \_\_\_\_\_

Has your child ever received a speech and language report? \_\_\_\_\_

Name of brother/sister in this school: \_\_\_\_\_

Class: \_\_\_\_\_

