St. Paul's Primary School
Abbeylands
Navan
Co. Meath

046 9028754
Email: info@stpaulsschool.ie
Roll number: 19671F
Principal: Eileen McCaughey

Application Form for Special Class for Autism

Personal Details

(Please fill the form in block capitals.)

First Name: _____ Surname: _____

Date of Birth: _____ Gender: (male/Female) _____

Nationality: _____ PPSN: _____

Address _____

_____

Eircode _____ Religion: _____

Parent # 1 Name: _____ Parent # 1 email: _____

Parent # 1 Maiden Name: _____ Parent # 1Telephone _____

Parent # 2 Name: _____ Parent # 2 email: _____

Parent # 2 Telephone _____

Siblings in the school: _____

Any Medical Issues: _____

(eg: Asthma/Allergies

_____

Educational Details:

Name of playschool attended: _____

Any educational /other Additional Needs: (please attach copy of all relevant reports)

_____

Does your child have an Autism Assessment Report?
(please attach copy of all relevant reports)

Yes: _____ No: _____

Does your child have an Educational Psychological Report?
(please attach copy of all relevant reports) Yes:_____No: _____

Does your child have an eligibility letter from the SENO Yes: _____ No: _____

(please attach copy of eligibility letter)

Has or is your child attending any Clinics? Speech Therapist/Occupational Therapist/Physiotherapist or other services? If yes please specify:

_____

Does your child have any behavioural /emotional difficulties? Yes:_____No: _____

If yes please specify:

Any other relevant information that would assist the school?

_____

Pupils Transferring from Another School

Name of Previous School: Address of Previous School:

_____ _____

Current Class:_____Reason for Transfer: _____

Please enclose all previous school reports.*

All Pupils

Do you consent to your level 2 information (eg ethnicity, religion) being shared with the Department of Education Primary Online Database.

Yes _____ *No*_____

Please ensure this form is accompanied by a copy of the child's birth certificate, an eligibility letter as well as any relevant reports (eg. Autism Report, Educational Psychologist, O.T., S & L, Meath Primary Care Team or Children's Disability Network Service reports/letters)

_____

_____

_____

Signature of Parent/Guardian:

_____

Date: _____

_____