



APPLICATION FORM – ASD Class

Scoil Mhuire Ogh 1, Loreto Senior Primary School, Crumlin.

Name of Child		Age:	Date of Birth:
Address		Does your child reside in parish of Dolphin's Barn/Rialto? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PPSN		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Name of Parent/Guardian(s):			
Contact Details Mother:		Contact Details Father:	
What mobile number should be used to receive text messages from the school?		Email Address: (Personal)	
Names of brothers/sisters who are currently in the school or a past pupil now			
Child's current school placement			
Date of Diagnosis			

	Yes	No
Does your child have a confirmed diagnosis of ASD		
Does your child's diagnosis contain a recommendation of placement in an ASD specific class		

Please supply relevant documentation to support the above (indicate in table hereunder reports being attached)

Professional	Please tick ✓	Author of report	Date of Report
Psychologist			
Occupational Therapist			
Psychiatrist			
Speech and Language Therapist			
Other, please specify			