



Powerstown Educate Together National School

Roll No: 20384J
 Powerstown Road, Tyrrelstown, Dublin 15
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 D15VR80

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Pre-Enrolment for ASD Specialised Class 2018/2019 School Year

Please note, 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 mainstream school is required for a child's pre-enrolment to be processed.

CHILD INFORMATION

Child's First Name:	Child's Last Name:
Date of Birth:	PPS No:
Note: All applicants must be between the ages of 4 - 6 on or before the 1st September 2017.	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality:
Name of pre-school/previous school/early intervention services attended (if applicable):	Contact number of pre-school/previous school/early intervention services (if applicable):
Language(s) Spoken at home:	Allergies/Medical conditions:
Any other relevant information:	

PARENT/GUARDIAN INFORMATION:

Guardian 1 - Name:	Guardian 2 - Name:
Contact Number:	Contact Number:
Email Address:	Email Address:
Address:	
Primary phone number: (To receive text messages)	
Primary email address (BLOCK LETTERS PLEASE):	

ASSESSMENT REPORTS INCLUDED WITH PRE-ENROLMENT (Please tick reports included)

<input type="checkbox"/>	Psychologist Report	<input type="checkbox"/>	Psychiatrist Report	<input type="checkbox"/>	Occupational Therapist Report
<input type="checkbox"/>	Speech and Language Report	<input type="checkbox"/>	Physiotherapist Report	<input type="checkbox"/>	Assessment of Need Report
<input type="checkbox"/>	Early Intervention Team Report	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

I give permission for the school to contact my child's (pre)school or relevant health care personnel prior to enrolment.

Signature	Date
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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 7 days of that offer being made, I will have forfeited my child's place on the enrolment list

DOCUMENTATION

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

- An original birth certificate (with photocopy)
- Two proof of address from a) ESB bill b) Gas bill c) Landline Telephone bill d) UPC/Sky bill
- 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 mainstream school.
- Any other relevant reports – speech & language therapy/ occupational therapy and psychological reports

Signed: Date:

Please send the completed application form to:

ASD Specialised Class Application
The Secretary
Powerstown Educate Together National School
Powerstown Road
Tyrrelstown
D15
D15VR80

For Powerstown Educate Together NS use only

Receipt of Form Date:

Age.....

Original birth cert

Area.....

proof of address x2

Report/Recommendations

Letter of offer sent date:

Accepted Declined:

Comments: _____

A full copy of the ASD Enrolment policy may be obtained from the website.