# FORM 1: SPECIAL CLASS PRE-ENROLMENT APPLICATION FORM

ARDFINNAN N.S.

**CLONMEL,** 

**CO. TIPPERARY** 

**ROLL NUMBER: 16077B** 

TEL.: (052) 7466917



## SPECIAL CLASS PRE-ENROLMENT 2024-2025

### **Special ClassPre-Enrolment 2024-2025**

#### **PLEASE FILL IN BLOCK CAPITALS!**

#### **PUPIL DETAILS**

First Name		
Surname		
Date of Birth		
Gender		
P.P.S. number of child		
Address (at which the		
applicant resides)		
	Eircode	
Name of Sibling(s) currently or previously enrolled in Ardfinnan N.S:		
Parish in which the applicant resides:		
Name(s) of parent(s) who wa	s past pupil of Ardfinnan N.S. (if applicable):	
Pre-school attended:		
Any additional information:		

#### PARENT(S)/GUARDIAN(S) DETAILS

Please tick appropriate box Parent[] Custodian[] Legal Guardian[]  Address  Tel. No: Email:  Parent/Guardian 1 Signature:	Name			
Address  Tel. No:  Email:  Parent/Guardian 1 Signature: Date:  Name  Please tick appropriate box  Parent[] Custodian[] Legal Guardian[]  Address  Tel. No:  Email:	Please tick ap	propriate box		
Tel. No:  Email:  Parent/Guardian 1 Signature: Date:  Name  Please tick appropriate box  Parent [ ] Custodian [ ] Legal Guardian [ ]  Address  Tel. No:  Email:	Parent [ ]	Custodian [ ]	Legal Guardian [ ]	
Parent/Guardian 1 Signature: Date:  Name  Please tick appropriate box  Parent [ ] Custodian [ ] Legal Guardian [ ]  Address  Tel. No:  Email:	Address			
Parent/Guardian 1 Signature: Date:  Name  Please tick appropriate box  Parent [ ] Custodian [ ] Legal Guardian [ ]  Address  Tel. No:  Email:				
Parent/Guardian 1 Signature: Date:  Name  Please tick appropriate box  Parent [ ] Custodian [ ] Legal Guardian [ ]  Address  Tel. No:  Email:				
Parent/Guardian 1 Signature:  Name  Please tick appropriate box  Parent [ ] Custodian [ ] Legal Guardian [ ]  Address  Tel. No:  Email:	Tel. No:			
Name  Please tick appropriate box  Parent [ ] Custodian [ ] Legal Guardian [ ]  Address  Tel. No:  Email:	Email:			
Please tick appropriate box Parent [ ] Custodian [ ] Legal Guardian [ ]  Address  Tel. No: Email:		an 1 Signature	e: Date:	_•
Parent [ ]	Name			
Address  Tel. No:  Email:	Please tick ap	opropriate box		
Tel. No: Email:	Parent [ ]	Custodian [ ]	Legal Guardian [ ]	
Email:	Address			
Email:				
Email:				
	Tel. No:			
	Email:			

#### Please submit the following with this Pre-Enrolment Application Form:

#### • Reports confirming:

- (I) An up to date psychological assessment (within 2 years of date of application) stating the child's disability in line with the designation for ASD Special Class.
- (II) The child's complex or severe learning need that require the support of a special class setting and the reasons why this setting is the most appropriate.
- (III) Diagnosis of ASD according to DSM IV/V or ICD 10
- (IV) Any reports from a multi-disciplinary team or any part thereof.

- Reports should support the key considerations of:
  - (i) Diagnosis child must have professional reports as outlined in point (I) above
  - (ii) Integration child must be capable of integrating into the mainstream, at an age-appropriate level and from a health & safety point of view (where challenging behaviours can occur)
  - (iii) Appropriateness of the placement child must be able to access the primary school curriculum. Where a general learning disability also presents, it must fall within the "mild GLD" range to ensure the child can access the primary school curriculum when integrating into mainstream classes.
- Reports must state that an ASD special class in a mainstream school is the most appropriate
  setting for your child and the reasons why. Reports should differentiate between a special
  class setting and special school setting to ensure the needs of the child are accurately met.
  Consideration for special class enrolment will be provided where reports state special class
  provision is the most suitable placement to meet your child's learning needs.
- All relevant reports MUST be included with this Pre-Enrolment Application Form. Failure to submit a report can result in the termination of an enrolment offer at the discretion of the Board of Management.

#### Completed <u>Pre-Enrolment Application Form</u> along with:

- Original Birth Certificate (this will be photocopied and returned),
- <u>Baptismal Lines</u> (Please supply if your child was <u>NOT</u> baptised in the parish of Ardfinnan, Ballybacon & Grange).

must be returned to Ardfinnan N.S. no later than school finish (3:10p.m.) on closing date Friday 26<sup>th</sup> January, 2024.