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| https://www.aladdin.ie/file/custom_logo?39870769  | **Presentation Primary School****Sexton Street, Limerick, V94 PO28****Tel:** 061-412494**E-mail:** info@preslimerick.ie **Website**: www.preslimerick.ie  |

**Application form for Enrolment for ASD class for school year 2024/2025 (closing date: January 31st, 2024)**

**CHILD INFORMATION**

Child’s First Name: ………………………………………. Child’s Last Name: …………………………………………………………...

Date of Birth: ………………………………………………\* PPS Number: ……………………………………………………………………

Gender (please tick): Female Male

Previous school/pre-school/ early intervention attended, if applicable:

…………………………………………………………………………………………………………………………………………………………………

**PARENT/GUARDIAN INFORMATION**

Parent 1: Name(s): …………………………………………………………………

Parent 2: Name(s): …………………………………………………………………

Address: …………………………………………………………………………………

……………………………………………………………………………………………….

Phone Numbers: ……………………………………………………………………

Emails: ……………………………………………………………………………………

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**\*Note: All applicants must be aged at least 4 by 30th June 2024**

**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)

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 and language therapy/occupational therapy and psychological reports

**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 10 working days of that offer being made, I will have forfeited my child’s place on the enrolment list.**

Signed: ………………………………………….. Date: ………………………………………………

Please send the completed application form to:

**Presentation Primary school,**

**Sexton street,**

**Limerick.**

**V94PO28**

**Presentation Primary School.**

Receipt of Form Date: ………………………………………

Age …………………………………….. Original birth cert

Area……………………………………. Report/Recommendations

Letter of offer send date: …………………….… Accepted Declined