

**APPLICATION FOR ENROLMENT TO**  
**Fossa National School, ASD Class, Killarney 064-6634863**

**Christian Name:** \_\_\_\_\_  
(First Name)  
**Surname:** \_\_\_\_\_

**Preferred Name in Irish:** \_\_\_\_\_ (Otherwise School will translate)

**Date of Birth:** \_\_\_\_\_ (Birth Cert. must be supplied).

**Religious Denomination:** \_\_\_\_\_

**Baptismal Cert must be supplied where appropriate.**

**Please tick if Baptised in Fossa Church**  *Cert. needed from Fossa Church*  
(Cert. must be supplied if baptised outside Fossa)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Pupil's P.P.S. Number:** \_\_\_\_\_ **Place in Family:** \_\_\_\_\_

**Nationality of Child:** \_\_\_\_\_ **Nationality of Parents:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
(If different from pupil's) (If different from pupil's)

**Occupation:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Tel. Nos. Home:** \_\_\_\_\_ **Tel. Nos. Home:** \_\_\_\_\_  
**Work:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

Is child eligible for school transport YES  NO   
(Main requirements for eligibility: Candidate must be(i) on bus route (ii) over two miles from school if aged 4 years to 10 years (iii) over 3 miles from school if aged 10 years or over.  
Further information from transport Liaison Officer 066 7164750)

**Office Use:** \_\_\_\_\_ **Birth Cert**   
**Date of Enrolment:** \_\_\_\_\_ **Baptismal Cert**   
**Registration No:** \_\_\_\_\_ **Code of Behaviour 1**

**Is your child living with?** (Circle appropriate)  
Both Parents      One Parent      Grandparents      Carers      Shared Custody

**Who are the Legal Guardians of your child?** \_\_\_\_\_

**Is there any Court Order in place which may affect our care of your child? – Yes / No**

If yes, a copy of same must be provided to the Principal.

If you have shared custody, what are the child's living arrangements? \_\_\_\_\_

\_\_\_\_\_

Has your child been assessed for autism?      Yes/No

If so, who conducted the assessment and when?

Has your child received a diagnosis of autism?      Yes/No

Has your child any other diagnosis of a disability? Please specify.

Has your child a learning disability?      Yes/No

If so, please specify. (If unsure please contact a member of the assessment team.)

Severe/Profound      Moderate      Mild

Has your child a learning disability?      Yes/No

If so, please specify. (If unsure please contact a member of the assessment team.)

Severe/Profound      Moderate      Mild

With regard to future schooling, what is the recommendation of the assessment team?

How would you describe your child's general behaviour?

Very challenging      Challenging      Not challenging

How would you describe your child's ability to communicate?

Age appropriate      Delayed      Non-Verbal

Please give examples

How would you describe your child's ability to interact with others?

Very Sociable      Sociable      Avoids interaction

Please give examples

Outline your child's development in the following areas. Please be specific.

Toilet training

Dressing skills

Eating

Mobility

**MEDICAL**

Name of family doctor \_\_\_\_\_

Do you have a medical card                      YES                       NO

Any childhood illnesses? \_\_\_\_\_

Any medical problems: \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_

Is there a problem with:      Hearing: \_\_\_\_\_      Sight: \_\_\_\_\_

Does your child have speech and language difficulties? \_\_\_\_\_

Is your child being seen by any Agency if so by whom? \_\_\_\_\_

(If there are any reports available pertaining to the child's health, speech, hearing, or developmental progress, of which the school should be made aware, please contact the class teacher.)

**EDUCATIONAL:**

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

Class: \_\_\_\_\_

**For pupils transferring from another mainstream school, additional form is required.**

Your child's placement in an ASD class will be reviewed at the end of each school year. In consultation with the multi-disciplinary team the school will advise you on the future schooling needs of your child. Please note that placement in the Early Intervention Class does not entitle your child to a placement in either the special class or the mainstream school.

Signature of Parent(s) .....

Signature of Special Class Teacher.....

Signature of School Principal.....