

**Callystown National School, Clogherhead Co. Louth**

**Enrolment/ Application Form**

**Special Classes for Autistic Students 2025/26**

**Personal Details of Child:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | **First Name** | |  | |
| **Address** |  | | | | | | |
| **Date of Birth** |  | **Gender** |  | | **Child’s PPSN** | |  |

**Family Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Father’s**  **Surname** |  | | **Father’s**  **First Name** | |  |
| **Address** | **(if different from child’s address)** | | | | |
| **Mobile Number** |  | **Email** | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mother’s**  **Surname** |  | | **Mother’s**  **First Name** | |  |
| **Address** | **(if different from child’s address)** | | | | |
| **Mobile Number** |  | **Email** | |  | |

|  |  |  |
| --- | --- | --- |
| **Does your child have siblings who attend Callystown National School ? Yes / No** | |  |
| **Names of siblings: (if any)** |  | |

**Educational / Childcare Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous School / Childcare Facility** | |  | | |
| **Address of School/Childcare** | |  | | |
| **Years Attended** | |  | | |
| **Name of Contact Person** |  | | **Phone Number** |  |

**Diagnosis of Autism:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Has your child been assessed for Autism ? (Yes / No)** | |  | **Date of assessment** | |  |
| **Person who carried out this assessment** |  | | | | |
| **Has your child received a diagnosis of Autism / ASD? ( Yes / No)** | | | |  | |

**Parental Declaration**

I / We, the undersigned, confirm that the information supplied is accurate and correct. By submitting this application, I / we hereby agree that the applicant will, to the best of their ability, take part in every aspect of the school curriculum and will follow the Code of Behaviour and Anti-Bullying Policy of Callystown National School. I / We have read the Enrolment Policy for the Autism Class in Callystown National School and accept the terms and of this school policy.

**Signature of Parents / Guardians**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note**:

Application does not guarantee a place in our Special Class.

Applications will be placed on a waiting list and places will be allocated firstly on the basis of the enrolment criteria (as per Enrolment Policy) and then filled on a first come, first served basis.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHECKLIST FOR PARENTS / GUARDIANS** | | | | | |
| 1 | Completed the Enrolment Application Form and signed and dated the Parental Declaration. | Yes |  | No |  |
| 2 | Copy of Child’s Birth Certificate | Yes |  | No |  |
| 3 | Copy of a diagnosis of a qualifying autism spectrum disorder (DSM IV/V or ICD 10), made using a professionally recognised clinical and psychological assessment procedure. | Yes |  | No |  |
| 4 | Copy of a recommendation to attend an ASD / Special Class attached to a mainstream school, dated less than two years prior to the proposed admission date. | Yes |  | No |  |
| 5 | Proof of address of child’s primary residence | Yes |  | No |  |