



**STAR OF
THE SEA**
SANDYMOUNT

Leahy's Terrace,
Sandymount,
Dublin 4, D04XW14

T: 01 668 6394
office@starofthesea.ie
www.starofthesea.ie

<p align="center">APPLICATION FORM – ASD Special CLASS 2023/2024 School Year</p>

Please enter your child's details below:

First Name:	Last Name:
Date of birth:	Gender:
Address:	
Brother attending Star of the Sea B.N.S.:	Previous Primary School Attended (If applicable):
Preschool Attended:	PPS Number:
Child's ability to speak English:	

Please enter family details below:

Home phone number:	Alternative home phone number:
Address (with Eircode):	Alternate Address:

Please enter your parent/guardian details below:

Guardian 1/Mother

First name:	Last name:
Email address:	Mobile Number:
Work Number:	

Guardian 2/Father

First name:	Last name:
Email address:	Mobile Number:
Work Number:	

Please enter details of two persons to be contacted in cases of emergency below:

Contact 1

Name:	Describe relationship to pupil:	
Mobile Number:	Home Number:	Work Number:

Contact 2

Name:	Describe relationship to pupil:	
Mobile Number:	Home Number:	Work Number:

I have read the school's Admission Policy and Admissions Notice available on the school website or on request from the school office: Yes No

I have read and agree to the school's Code of Behaviour, available on the school website or on request from the school office: Yes No

Have you attached/enclosed the following with this form?

1. Copy of child's Birth certificate.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Copy of a diagnostic report qualifying Autism Spectrum Disorder (DSM V or ICD 10), made using a professionally recognized clinical and psychological assessment procedure, dated less than two years previous to the proposed admission date.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Copy of a diagnostic report including a recommendation that a special class placement in a mainstream school is both necessary and suitable for the child and that the child has the potential to be included in a mainstream class (independence for the full school day with SNA access) with his age-based cohort before leaving primary school, dated less than two years previous to the proposed admission date.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. If your child has a general learning disability, confirmation that it is within the mild range, made by a professionally recognised clinical and psychological assessment procedure, dated less than two years previous to the proposed admission date.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. All other relevant reports relating to the child as referred to in the Admissions Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>

We the undersigned, confirm that the information supplied is correct; confirm that we are aware that the data relating to this application will be kept on file in the school and may be used by the school in the election of Parents/Guardians to the school Board of Management. We are also aware that the data may be disclosed, as appropriate to:

- The Department of Education & Skills.
- The Health Services.

Signature of Parents/Guardians:

Signed: _____ Date: _____

Signed: _____ Date: _____