



S.N. Ráth ó gCormaic
Rathgormack N.S.
Carrick-On Suir
Co. Waterford.
Tel. (051) 646377



APPLICATION FORM FOR ADMISSION FOR SPECIAL CLASS

Name of Child: _____

Address: _____

Eircode: _____ Male/Female: _____

Date of Birth: _____ PPS No. _____

Parent 1 /Guardian: _____

Phone (Home): _____

Work: _____

Mobile: _____

Email address: _____

Parent 2 /Guardian: _____

Phone (Home): _____

Work: _____

Mobile: _____

Email address: _____

Has your child any medical conditions or allergies? Yes No

If so please give details: _____

Current / Previous educational setting: Name of Early Intervention Setting / Pre-School / Mainstream Primary School / Special Class, & how many years your child has been in that setting:

Children are eligible for enrolment in the special class when the following is provided in support of such an application. Please attach / enclose the following with this form:

1. Copy of Child's Original Birth Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Proof of Child's Address (Parent's utility bill dated in past 6 months)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Diagnosis of Autism: DSM IV/V or ICD 10/11 (psychologist, psychiatrist, multidisciplinary report)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. A demonstration of the understanding of complexity of the child's overall level of need/s evidenced in the professional reports.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Please expand by including information here on your child's intellectual ability / physical needs (toilet/feeding/movement) / communication needs (verbal/non-verbal) / sensory needs / social needs.</p>		
5. Given the severity or complexity of the child's support needs, a clear professional recommendation as to what educational placement type would be most appropriate to best meet the child's needs, along with the rationale for same.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. A letter from the NCSE confirming that the child is known to them and that the child has the required diagnosis and a recommendation for a special class for autism.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>Are there any other professional reports, relating to your child available? Copies of these will be required if your child receives a place in our Special Class.</p>
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Please note that this form is for application purposes only. The information provided will be used to allocate places in accordance with the School's Admission Policy / Annual Admission Notice.

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

Data Protection Statement

The information collected on this form will be held by Rathgormack National School in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 1988 and the Data Protection (Amendment) Act, 2003.

The purpose of holding this information is for administration needs and to facilitate the school in meeting the student’s educational needs and legal commitments etc.

Disclosure of any of this information to statutory bodies such as the Department of Education and Skills or its agencies will take place only in accordance with legislation or regulatory requirements.

Explicit consent will be sought from Parents/Guardians or students aged 18 or over if the school wishes to disclose this information to a third party for any other reason.

Parents/Guardians of students and students aged 18 or over have a right to access the personal data held on them by the school and to correct it if necessary.

Declaration: I/ We, being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the information we have supplied on this application form is true and accurate and I/we consent to its use as described.	
Parent / Guardian’s Signature:	Parent / Guardian’s Signature:
Date:	Date: