



**Scoil Mhuire na nGael**  
**Bay Estate**  
**Dundalk**

**ASD CLASS APPLICATION FORM SEPTEMBER 2026**

**Personal Details of Child:**

First Name		Surname	
Child's Address			Eircode: _____
Date of Birth		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Child's PPS No. _____

**Family Information:**

Mother's First Name		Mother's Surname	
Address (if different from child)			
Mother's Mobile Number		Mother's Email	

Father's First Name		Father's Surname	
Address (if different from child)			
Father's Mobile Number		Father's Email	

Does your child have siblings who attend or attended Scoil Mhuire na nGael?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Names of siblings: (if any)		

**Educational / Childcare Information:**

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

**Diagnosis of Autism:**

Has your child been assessed for Autism? (Yes / No)		Date of Assessment	
Has your child received a diagnosis of Autism / ASD (DSM IV/V or ICD 10)? (Yes / No)			
Does your child have a recommendation for placement in an ASD class in a mainstream school (Yes/No)			
Does your child have an eligibility letter from NCSE (Yes/No)			



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Should my/our child be offered a place in the ASD Class for September 2026, I/We hereby give permission for:

- My/our child to partake in any school outings outside the school grounds. Details of all outings will be forwarded to parents at least 24 hours in advance.
- Photographs to be taken of my son/daughter for in-school displays, for publication on the school website and for use in school art activities.
- Photographs of my son/daughter to be taken for publication in local and national newspapers/magazines.
- Distribution of photographs to other parents for recreational use only. (These photographs may not be posted on social media sites without the express consent of the parent/guardian of the children contained there in).
- Our school photographer will take class/group photographs and on occasions the school staff may take photographs of your child at school events. These photographs are a lovely keepsake and often the teacher/principal may distribute photographs containing more than one child to individual children in the class.

**If at any time you wish to withdraw any of the above consents you must do so in writing to the School Principal.**

I/We understand that it is a condition of admission that I/we accept the school's Code of Behaviour policy ratified by the B.O.M. of Scoil Mhuire na nGael.

**Signed:**

**Mother of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian of applicant:** \_\_\_\_\_ (if applicable)

**If this application form is being signed by one parent only. Please read and complete the following:**

I \_\_\_\_\_ confirm that both parents of \_\_\_\_\_ are aware of and consent this enrolment application of Scoil Mhuire na nGael.

**\*\*\*PLEASE NOTE\*\*\***

***Application does not guarantee a place in our Special Class. Formal offer of a place is subject to certification from the NCSE that the application meets criteria for enrolment in the class.***

CHECKLIST FOR PARENTS/ GUARDIANS				
Completed the Enrolment Application Form and signed and dated the Parental Declaration.	YES		NO	
Copy of Child's Birth Certificate	YES		NO	
Copy of Your Current Proof of Address	YES		NO	
Copy of diagnosis of a qualifying autism spectrum disorder (DSM 1V/V or ICD 10), made using a professionally recognised clinical and psychological assessment procedure.	YES		NO	
Copy of recommendation to attend an ASD / Special Class attached to a mainstream school.	YES		NO	
Copy of letter of eligibility letter from NCSE	YES		NO	

Final date for receipt of all required documentation is **Friday 13<sup>th</sup> March 2026.**

<b>Office Use Only</b>	<b>Date Application Received:</b>	<b>Entered on Aladdin</b>	<b>Email Receipt Issued</b>
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