

Knockainey National School

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Ospideál,
Co Luimní.
Tel: 061-383529
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Roll No.: 17212J



Knockainey,
Hospital,
Co Limerick.

Pre - Enrolment Application Form – Special Class for Pupils with Autism 2024/2025

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides):

Name and class of Sibling(s) currently enrolled:

Parish in which the applicant resides: _____

Previous school/pre-school/early intervention attended, if applicable:

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

I understand: Please tick:

- that the receipt of a pre-enrolment form does not guarantee that the child will be offered a place.
- that it is my responsibility to inform the school of any change of contact details or other relevant circumstances.
- that if I have not replied to a confirmed offer of a place for my child, within 14 days of the offer being made, I will have forfeited my child's place on the enrolment list.

Signed:

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

DOCUMENTATION

Please confirm, by ticking the box, that you have included all the necessary documentation with this Application Form:

- An original Birth Certificate (original will be returned)

- A copy of the relevant assessment/report (from a Psychiatrist, Psychologist, or a member of a Multi-Disciplinary team), which has confirmed that the child in question has been diagnosed as having Autism or Autistic Spectrum Disorder, according to DSM-V or ICD 10 criteria. This report must include a recommendation for a placement for the child in a class for pupils with ASD within a mainstream school.

- Any other relevant reports, e.g., Speech & Language Therapy/ Occupational Therapy and/or other reports (if applicable).

Please send the completed Application Form to:

The Principal, Knockainey N.S, Knockainey, Hospital, Co.Limerick. V35AH66
no later than 17:00 on February 1st 2024

For Knockainey National School office use only:

Receipt of Form Date: _____

Age: _____

Original birth cert: Yes/No

Area: _____

Report/Recommendations: Yes/No

Letter of offer sent date: _____ Accepted/Declined

*A full copy of the Enrolment policy pertaining to this class may be obtained from the school office on request.