



# Avoca National School

S. N. ΦΗΔΡΑΙΣ ΝΑΟΪΑ



## Application for Admission to ASD Special Class

2024/25

### Please complete in BLOCK CAPITALS

<b>Please complete in BLOCK CAPITALS</b>	
Pupil's Name:	Class:
Date of Birth:	Male/Female
PPS Number:	Country of Birth:
Address:	Nationality:
Eircode:	<i>If born outside the country, year of arrival in Ireland:</i>
Religion:	Languages spoken at home:
Sibling attending Avoca N.S:	Name of Sibling:
<b>Parent/Guardian Details</b>	<b>Parent/Guardian Details</b>
First Name:	First Name:
Last Name:	Last Name:
Relationship to child:	Relationship to child:
Phone No (Mobile)	Phone No (Mobile)
Phone No (Work)	Phone No (Work)
Email:	Email:
Siblings:	Class:
<b>Previous Schools</b>	
Name of Previous School/ Pre-school:	
Principal's/ Manager's Name:	
Phone No:	
<b>Emergency Contacts</b> (Different from Parent/Guardian)	
Name:	Name:
Phone No:	Phone No:
Relationship to child:	Relationship to child:

<b>Please Tick</b>	<b>Yes</b>	<b>No</b>
Have you attached a copy of Birth Cert. for your child?		
Have you attached a copy of Baptismal Certificate (if applicable) for your child?		
Have you attached copies of previous reports? (If your child is transferring from another primary school.)		
Have you attached copies of any reports from health professionals that are relevant to your child?		
Are there any orders or other arrangements in place governing access to or custody of your child?		
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.		
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.		
<b>Relevant Medical Information</b>		
Family Doctor:	Phone No:	
Any medical concerns/information of relevance?		
Has your child ever attended a Speech Therapist/ Occupational Therapist/ Psychologist and/or other professional for medical/emotional/behavioural reasons?		
<b>If 'Yes' a copy of these reports should be given to the Principal.</b>		
<p>Please note: While the information provided will generally be treated as private to Avoca NS and will be collected and used in compliance with the Data Protection Acts 1988-2018 and EU GDPR, from time to time it may be necessary for us to transfer your personal data on a private basis to other bodies (including the Department of Education &amp; Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, Tusla (CFA), social Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) to another school). We rely on parents/guardians and students to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your child's personal data, you should do so on Aladdin Connect. Any problems with this you can contact the school.</p> <p><i>Consent/Permission will be requested on line in the Aladdin Connect App.</i></p>		
Any Additional Information		
<b>Parents/Guardians Signatures:</b>		<b>Date:</b>

CHILD PROFILE  
(For school records only)

Please complete this questionnaire so we can know more about your child

1. **How does your child communicate with you and other family members? (e.g. leading gestures, vocal verbal).**

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2. **Is your child sensitive to noise, touch e.g. clothing, paint, play dough?**

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3. **What situations cause your child anxiety? (e.g. supermarkets, swimming pool, games, peers / adults invading his / her space, animals)**

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4. **Does your child have any eating / drinking problems?**

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(a) what food / drink does your child like?

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(b) What food / drink does your child dislike?

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**5. How does your child spend his / her leisure time at home?**

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**6. What facilities does your child enjoy in the local community? (e.g. swimming, playground, restaurants)**

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**7. Does your child show in any way if he / she is about to become upset?**

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**8. When your child is upset what do you find helps restore his / her sense of calm?**

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**9. Does your child present any behavioural difficulties?**

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**10. Is your child toilet trained?**

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a) How does your child indicate he / she needs to use the toilet?

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**11. Are there toys, books, games, videos, music your child enjoys?**

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a) What are his / her pet hate/s?

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b) What does he / she love most?

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**12. What works well to motivate your child?**

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13. In what situations do you find it difficult to cope with your child?

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14. What skills has your child achieved in the last year?

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15. What skills would you wish your child to achieve in the next year?

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16. Please supply any additional information you feel would be of benefit to your child's teacher on the lines below.

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**Declaration:**

I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/we consent to its use as described.

**Parent/Guardian's Signature:**

**Parent/Guardian's Signature:**

**Date:**

**Date:**

**Office Use only:**

*Date Application Received	D	D	M	M	Y	Y