![LETNSLogo[2]]()

 **Lucan educate together national school**

 Mount Bellew Way, Willsbrook Road, Lucan, Co Dublin K78 C922 Tel: 01 628 1298

**Pre-enrolment FORM for OUTREACH (ASD) CLasses**

**for 2021/2022 School Year only**

**\*Please note that you child must be 4 years of age by 31st May 2021 to enroll for the 2020/2021 school year**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name:** |  | **Male / Female:** |  |
| **Date of Birth:\*** |  | **PPS No:** |  |
| **Parent/Guardian** **Name:** |  |
| **Please indicate which class enrolling for:**  | **Junior Infant** |  | **Senior Infant** |  | **1st Class** |  | **2nd Class**  |  |
| **3rd Class** |  | **4th Class** |  | **5th Class** |  | **6th Class** |  |
| **Address:** |  |
|  |
| **Telephone:**  | **Home:** | **Work:** | **Mobile:** |
|  **Email Address:** |  |
| **Pre-school Attended:**  | **School Attended (if applicable) and class level:**  |
| **Reason for changing school:** |
| **Please note that as part of our enrolment procedure we may contact previous schools to obtain reports for transfer purposes.** |

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| --- | --- | --- |
| **Does your child have a sibling already attending** **Lucan Educate Together?** | **Yes / No** |  |
| **If yes, sibling’s name:** |  | **Sibling’s current Class:** |  |
| **Does your child have a diagnosis of Autism / ASD? support?** | **Yes/No** |  |
| **If your child is currently attending school, does your child receive Learning / SNA support?** | **Yes/No** |  |
| **Does your child have any other identified additional needs?** | **Yes/No** |  |
| **If yes, please indicate if you have any of the following reports available. You will be asked to provide reports in due course.** | **Reports Available**  |
| **Educational Psychological Report:**  |  |
| **Speech & Language Report:**  |  |
| **Occupational Therapy Report:**  |  |
| **Are any other family members seeking a place at this time? If so, please provide details of:** |
| **Name:** |  | **Date of Birth:** |  |
| **Class Level for 2020/2021:** |  |
| **Have you read and do you accept the Admissions Policy for Lucan Educate Together?** | **Yes/No** |  |
| **Completed by (Name of Parent/Guardian):** |  | **Date:** |  |