

**Lucan educate together national school**

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

**APPLICATION FORM for OUTREACH (ASD) CLasses**

**for 2022/2023 School Year only**

**Please note that a child will only be considered for admission when ALL of the following criteria have been met:**

1. **The child has a diagnosis of an Autism Spectrum Disorder (this diagnosis being made from a professionally recognised clinical and psychological assessment procedure).**
2. **AND the child must have a recommendation on their Child Psychological Assessment Report for inclusion in an Outreach unit.**
3. **The child must be at least 4 years of age on or before 31st May of the relevant school year.**

***Parents/Guardians should note that in accordance with the Education (Admissions to School) Act 2018 and in line with Section 14 of the Lucan Educate Together Admissions Policy that an offer of admission may not be made or may be withdrawn if it is established that information contained in the application is false or misleading.***

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| **Child’s Name:** |  | | | | | | | | **Male / Female:** | | |  | |
| **Date of Birth:** |  | | | | | **PPS No:** | | |  | | | | |
| **Parent/Guardian Name:** | |  | | | | | | | | | | | |
| **Please indicate which class enrolling for:** | **Junior Infants** | |  | **Senior Infants** | | |  | **1st Class** | | |  | **2nd Class** |  |
| **3rd Class** | |  | **4th Class** | | |  | **5th Class** | | |  | **6th Class** |  |
| **Address:** |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Telephone:** | **Home:** | | | | **Work:** | | | | | **Mobile:** | | | |
| **Email Address:** |  | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 / pre-schools.** | | | | | | | | | | |
| **Does your child have any other identified additional needs?** | | | | | | **Yes / No** | | |  | |
| **If yes, please indicate below if you have any of the following reports available:** | | | | | | | | | | |
| **Speech & Language Report** | |  | | **Occupational Therapy Report** | | | |  | | |
| **Any other Reports available – please provide details:** | | | |  | | | | | | |
| **Please attach a copy of the Psychological Report and any other Reports available (including a report from your child’s pre-school / school).** | | | | | | | | | | |
| **Does your child have a sibling already attending Lucan Educate Together?** | | | | |  | | | | | |
| **If yes, sibling’s name:** |  | | | | **Sibling’s current Class:** | | | | |  |
| **Does your child speak and understand English?** | | | | | | | **Yes / No** | | |  |
| **Have you read and do you accept the Admissions Policy for Lucan Educate Together?** | | | | | | | **Yes /No** | | |  |
| **Completed by (Name of Parent/Guardian):** | | |  | | | | **Date:** | | |  |

Parents / Guardians are asked to attach a scan / photo of their child’s birth certificate to their application. Where offers of places are subsequently made on foot of an application parents / guardians will be required to provide an original birth certificate to the school for verification of date of birth.

It is the responsibility of the parent/guardian to provide up-to date contact information as detailed above and to advise the school of any changes to these details. The school is not liable for any issues arising where parents/guardians fail to do so.