EI Autism Class Application Form

Academic Year: _____

Completed forms to be returned to the school office (accompanied by a copy of the NCSE letter confirming eligibility for the class, the child's Birth Certificate, and all relevant psychological and professional assessment reports)

SECTION A: PERSONAL INFORMATION

Child's First Name: _____ Gender: _____

Surname: _____ Date of Birth: _____

Home Address: _____

PPS. No: _____ Nationality: _____

Language spoken at home: _____ Religion: _____

Mother's Name: _____ Work No: _____

Occupation: _____ Mobile: _____

Email address: _____

Father's Name: _____ Work No: _____

Occupation: _____ Mobile: _____

Email address: _____

If applicable please give name of previous Early Years setting:

Name: _____

SECTION B: SCHOOL INFORMATION

Number of children in family: _____ Position of child: _____

If you have other children attending this school, please state:

Name : _____ Class _____

Name: _____ Class _____

SECTION C: LEARNING NEEDS

1. Which of the following agencies/services has your child attended?
   Please mark **X** in the box.

Assessment of need	☐	Speech therapist	☐
Occupational therapist	☐	Psychologist	☐
Lucena Clinic	☐	Psychiatrist	☐
Other	☐	Primary Care	☐

Outline briefly any therapies your child has received to date:

_____

_____

2. Is your child toilet trained? Yes ☐ No ☐

3. Does your child use a Communications Device? Yes ☐ No ☐

SECTION D: SCHOOL TRANSPORT

Will your child require school transport to/from school? Yes ☐ No ☐

Parents offered a place for their child will be asked to complete the necessary **NCSE** special class enrolment forms (and transport forms if required).

I confirm that all details given above are correct.

_____

Parent/Guardian

[Date _____]

All information given will be treated confidentially