STRAWBERRY HILL NATIONAL SCHOOL

Blarney Road, Cork City.T23 RW98 Roll# 20553G ☎ 021-4396632 office@strawberryhillns.ie

Academic Year 2027/2028
Application Form – Autism Classes

Date of application: _____

Child's Details

Child's Name_____ Date of Birth _____

Address _____ PPSN : _____

_____ Child's Position in the Family: _____

_____

Eircode _____

_____

Home Phone:

Mother's Details

Name: _____

Address: _____

_____

Email Address _____

Tel. No: _____

Mobile No.:

Father's Details

Name: _____

Address: _____

_____

Email Address _____

Tel. No: _____

Mobile No.:

Religion : _____ Birth Cert Received : ☐ Baptismal Cert Received : ☐

Additional Information

Has your child been diagnosed with Autism? Yes ☐ No ☐

If "yes", who conducted the assessment and when? _____

Has your child any other diagnosis of a disability? Yes ☐ No ☐

If "yes", please give details _____

Has your child a learning disability? Yes ☐ No ☐

Has your child had a Speech and Language Assessment? Yes ☐ No ☐

Has your child had an Occupational Therapy Assessment? Yes ☐ No ☐

Has your child had a sight test? Yes ☐ No ☐

Has your child had a hearing test? Yes ☐ No ☐

Signed: Mother: _____ Father: _____

Date: Date:

OPTIONAL Information : Department of Education Database

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories are taken from the Census Population)

White Irish ☐ **Irish Traveller** ☐ **Roma** ☐

Any other White Background ☐ **Black African** ☐ **Any other Black Background** ☐

Chinese ☐ **Any other Asian Background** ☐ **Other (inc. mixed background)** ☐ **No consent** ☐

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What is your child's religion?

Roman Catholic ☐ **Church of Ireland (incl. Protestant)** ☐ **Presbyterian** ☐

Methodist, Wesleyan ☐ **Jewish** ☐ **Muslim (Islamic)** ☐ **Hindu** ☐

Orthodox (Greek, Coptic, Russian) ☐ **Apostolic or Pentecostal** ☐ **Jehovah's Witness** ☐

Lutheran ☐ **Atheist** ☐ **Buddhist** ☐ **Baptist** ☐ **Agnostic** ☐

Other Religions ☐ **No Religion** ☐ **No Consent** ☐

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I consent for this information to be stored in the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other Primary School my child may transfer to during the course of their time in Primary School.

Signed: _____ *Date:* _____

Parent/Guardian

Signed: _____ *Date:* _____

Parent/Guardian

Please complete this **Application form** and return it as soon as possible with copies of the following reports

- An up-to-date psychological assessment, i.e. an assessment which has been carried out within the previous 12 months, which clearly specifies that your child meets the DSM V criteria for diagnosis with Autism.

- And where it applies
  - A statement of your child's cognitive functioning as well as current behaviour analysis
  - An up-to-date Speech and Language Assessment
  - An up-to-date Occupational Assessment
  - Sight and/or Hearing Tests results if available.

This fully completed Application Form will be recorded in the Application file for Autism Classes .

Entry into this file secures a place on the list of Applicants but not a place in a class.