



Goggins Hill National School
Scoil Cnoc Gogáin

Roll No. 12263B

Ballinhassig, Co.Cork.
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**ASD Class Application to
Enrol Form A, 20_____**

Child's Details		For Office Use Only	
Child's Name _____	Date of Birth _____	Year _____	_____
Address _____	Religion _____	Forms Attached _____	_____
_____	_____	Birth Cert. _____	_____
Child's PPS Number: _____	_____	Baptismal Cert _____	_____
_____	_____	Date Received _____	_____
Mother's Details		Father's Details	
Name _____	_____	Name _____	_____
Address _____	_____	Address _____	_____
Occupation _____	_____	Occupation _____	_____
Place of Work _____	_____	Place of Work _____	_____
Work Tel. No. _____	_____	Work Tel. No. _____	_____
Home Tel. No. _____	_____	Home Tel. No. _____	_____
Mobile Tel. No _____	_____	Mobile Tel. No _____	_____

Additional Information

Has your child been diagnosed with Autism? _____

If yes, who conducted the assessment and when? _____

Has your child had a diagnosis of any other disability e.g. learning disability? _____

If yes, please give details? _____

Has your child had a Speech and Language Assessment? _____

Has your child had an Occupational Therapy Assessment? _____

Has your child had a sight test? _____

Has your child had a hearing test? _____

Please complete this Application to Enrol 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 IV criteria for diagnosis with A.S.D.
- 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.

On receipt of this application your child will be put on a waiting list for placement in an ASD class in Goggins Hill N.S., if/when a place becomes available we will contact you to discuss the enrolment process. A copy of our Admissions Policy will be included with this application form. Should you require any further information, please feel free to ring or email the school.

I confirm that the information I have given on this form is accurate.

Signed: Mother _____
Date _____

Father _____
Date _____