



## **ST. STEPHEN'S DE LA SALLE**

### **Application Form - Autism Class**

This application must be accompanied by your child's Birth Certificate and **relevant professional reports.**

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Child's PPS Number:** \_\_\_\_\_

**Address of child:** \_\_\_\_\_  
\_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Contact No:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Contact No:** \_\_\_\_\_

**Mother's Address:** \_\_\_\_\_  
**(If different to child)** \_\_\_\_\_

**Father's Address:** \_\_\_\_\_  
**(If different to child)** \_\_\_\_\_

Please enter the date of your child's latest psychological/psychiatric assessment? \_\_\_\_\_

This assessment(s) must be attached to this application form. The application will not be considered valid if the report is not attached.

**Please read and sign:**

I/we understand that the receipt of an application form does not guarantee that my child will be offered a place.

I/we understand that it is my responsibility to inform the school of any changes of address, email or telephone number.

I/we understand that if I/we have not replied in writing to a confirmed offer of a place for my/our child before **29<sup>th</sup> May**, I/we will have forfeited my/our child`s place on the enrolment list.

**I/we understand that this application only applies for one year – if a place is not offered to my child by September of that year, a new application must be completed for the following year.**

I/we agree to the terms and conditions of enrolment to St Stephen`s De La Salle.

**Signed: Parent / Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed: Parent / Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Has your child had Speech Therapy up to now? Yes \_\_\_ No \_\_\_

If "Yes" by whom and where?

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When was your child`s sight last tested? \_\_\_\_\_

Result of test: \_\_\_\_\_

When was your child`s hearing last tested? \_\_\_\_\_

Result of test: \_\_\_\_\_

Has your child any special dietary requirements? Yes \_\_\_ No \_\_\_

If "Yes" please outline:

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