



ST JOSEPH'S COLLEGE
BORRISOLEIGH
THURLES
CO. TIPPERARY

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ASD LEARNING CENTRE APPLICATION FORM 2022/2023

Please fill in all section below
Section A: Personal Information
Section B: Educational Requirements

Section A: PERSONAL INFORMATION

Pupil's Surname: _____ **Forename:** _____
(as on his/her Birth Cert)

Name by which child is known: _____

Date of Birth: _____ **PPS No.** _____

School currently attending: _____

Home Address: _____

Home Phone No: _____ **Contact Mobile:** _____

Country of Birth: _____ **Passport(s) held:** _____
(e.g. Irish)

Father's Full Name: _____ **Mobile No.:** _____

Email address: _____

Mother's Full Name: _____ **Maiden Name:** _____

Mobile No: _____ **Email address:** _____

Name/s and Address/es for Correspondence: _____

No. of Children in Family: _____ **Boys** _____ **Girls** _____ **Place in Family:** _____

Siblings who are presently attending this school

Name: _____ **Year Group** _____

Name: _____ **Year Group** _____

Section B: EDUCATIONAL REQUIREMENTS

Does your child receive any additional learning support? Yes/No
Does your child receive Resource hours? Yes/No
Does your child receive Special Needs Assistance hours? Yes/No
Does your child attend a ASD Special Class setting in Primary School? Yes/No

If yes, give details...

Are you exempt from Irish? Yes/No
If yes, please supply certificate of exemption with this enrolment form. All students must study Irish unless they have a certificate as per Dept. of Education & Skills regulations.

I understand that:

- the receipt of the pre-enrolment form does not guarantee that the child will be offered a place - it is my responsibility to inform the school of any change of contact details or other relevant circumstances - if I have not replied to a confirmed offer of a place for my child by the date specified, I will have forfeited my child's place on the enrolment list.

PARENT/GUARDIAN

DATE

DOCUMENTATION

Please ensure that all of the following is supplied with the application as otherwise it will not be processed:

- An original birth certificate (with photocopy)*
- A Diagnosis from a psychiatrist, psychologist or a member of a Multi-Disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder according to DSM-V or ICD 10 criteria and a recommendation for a placement in a special class within a mainstream school.*
- Any other relevant reports – speech & language therapy/occupational therapy and psychological reports.*

Signed: Date:

For St. Joseph's College office use only

Receipt of Form Date..... Report/Recommendations

Age.....Original birth certificate

Letter of offer sent date: Accepted Declined