# ST JOSEPH’S COLLEGE



***BORRISOLEIGH***

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***ASD LEARNING CENTRE APPLICATION FORM 2025/2026***

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: Name:

Year Group 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: …………………

**Accepted □ Declined □**

**Letter of offer sent date: …………………………**

**□**

**Age Original birth certificate**

**□**

**Date Report/Recommendations**

**□**

**Receipt of Form**

**For St. Joseph’s College office use only**