



APPLICATION FORM – Early Intervention Class 2024/2025
(MAXIMUM 2 YEAR PLACEMENT)

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Parent/Guardian Details:

Mother: _____	Father: _____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Mobile No: _____	Mobile : _____
Email: _____	Email: _____

Emergency Contact Details: (if parent/guardian not available)

1. Name: _____ No: _____ Relationship to Child: _____

2. Name: _____ No: _____ Relationship to Child: _____

Child's Details:

Name: _____

Date of Birth: _____

Address: _____

Eircode: _____

PPS Number: _____

Religion: _____

Nationality: _____

Has your child attended another Early Intervention Class/Educational Setting: Yes: No:

If yes, please provide name & address of Early Intervention Class/Educational Setting:

Dates attended From: _____ To : _____



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Does your child suffer from any medical condition: Yes: No:

If yes, please give details:

Does your child take any medication: Yes: No:

If yes, please give details:

Does your child suffer from allergies: Yes: No:

If yes, please give details:

Please ensure (by ticking the box below), that you have enclosed the **fully completed** following relevant documentation with this Application Form:

- Psychology Report (DSM V)
- Speech & Language Report
- Occupational Therapy Report
- Psychiatry Report/Developmental Pediatric Report

Parents/Guardians signatures: _____

Date: _____

Reports cannot be accepted after the application closing date. All applications must include a diagnostic report. Incomplete applications will not be considered for admission. Late Applications shall be retained and will be subject to the processes detailed in the enrolment policy.

OFFICE USE ONLY:

Date Application Received _____