APPLICATION FORM – Early Intervention Class 2025/2026
(MAXIMUM 2 YEAR PLACEMENT)
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Child's Details:

Name: _____

Date of Birth: _____

Address: _____

Eircode: _____

PPS Number: _____

Religion: _____

Nationality: _____

Your child's age on **1ˢᵗ September 2025**:   Years: [   ]   Months: [   ]

Does your child have a diagnosis of Autism/ASD (DSM V)?

Yes: [   ]   No: [   ]

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

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

_____

_____

Dates attended From: _____   To : _____

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 Paediatric Report   ☐

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: _____

Parents/Guardians signatures:

_____   Date: _____

_____   Date: _____

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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 _____