



**APPLICATION FORM – Early Intervention Class 2025/2026**

**LATE APPLICATION**

**(MAXIMUM 2 YEAR PLACEMENT)**

**Child's Details:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Eircode: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Religion: \_\_\_\_\_

Nationality: \_\_\_\_\_

Your child's age on **1<sup>st</sup> 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/Educational Setting:

\_\_\_\_\_  
\_\_\_\_\_

Dates attended From: \_\_\_\_\_ To : \_\_\_\_\_



**APPLICATION FORM – Early Intervention Class 2025/2026**  
**LATE APPLICATION**

*Page 2 of 3*

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: \_\_\_\_\_



**APPLICATION FORM – Early Intervention Class 2025/2026**  
**LATE APPLICATION**

*Page 3 of 3*

Parents/Guardians signatures:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ 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 \_\_\_\_\_