



APPLICATION FORM – Early Intervention Class 2023/2024

(MAXIMUM 2 YEAR PLACEMENT)

Child's Details:

Name: _____

Date of Birth: _____

Address: _____

Eircode: _____

PPS Number: _____

Religion: _____

Nationality: _____

Your child's age on **1st September 2023**:

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 2023/2024

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: _____

Parents/Guardians signatures:

_____ Date: _____
_____ Date: _____



APPLICATION FORM – Early Intervention Class 2023/2024

Page 3 of 3

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 _____