

## Scoil Chormaic Enrolment Request Form

Enrolment request for the school year September 2024 -June 2025.

**\*\*Please be aware this is not an enrolment form. Enrolment forms will be issued should a place be offered\*\***

Please **tick 1 box** from Primary **or** Senior section as appropriate:

**Primary section**

Mild General Learning Disability  child's age: \_\_\_\_\_yrs.

**or**

Autism Spectrum Disorder  child's age: \_\_\_\_\_yrs.

**Senior section**

Mild General Learning Disability  child's age: \_\_\_\_\_yrs.

**or**

Autism Spectrum Disorder  child's age: \_\_\_\_\_yrs.

**Student details:**

Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Diagnosis: \_\_\_\_\_

Psychological Report with recommendation for placement in a Special School:

Yes  NO

Psychological report enclosed is within last two years: Yes  No

Name of psychologist and date of assessment:

Name \_\_\_\_\_ Date \_\_\_\_\_

Name of school /pre-school currently attending:

\_\_\_\_\_.

Contact details of the school: \_\_\_\_\_

\_\_\_\_\_ ph: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

\_\_\_\_\_

Contact Number(s) : \_\_\_\_\_

Email: \_\_\_\_\_

Address if different from above: \_\_\_\_\_