Esker Educate Together National School **Pre-Enrolment for Specialised Autism Class 2024/25**

Please email the completed application to eskerautismclass2024@gmail.com

Child's First Name: ................................... Child's Last Name: ....................................... Date of Birth: .......................................... PPS No. ………………………………………………………………

Note: **All applicants must be 4yrs of age on or before the 1st September 2023.**

Gender (please tick):□Female □Male

Previous school/pre-school/early intervention attended, if applicable.

………………………………………………………………………………………………………………………………..

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian1 Name(s): .............................................................................................. Parent/Guardian2 Name(s): .............................................................................................. Address: ..............................................................................................

Phone Numbers:........................................................................................................... Phone Numbers: ...................................................................................

Email : ...............................................................................................

I understand that:

● **the receipt of a pre-enrolment form does not guarantee that the child will be offered a place**

● **it is my responsibility to inform the school of any change of contact details or other relevant circumstances**

Principal: Gemma Curry phone: 01-6241462 The Glebe, Roll no.: 20274C www.eskeretns.ie Esker Lane Lucan, Co. Dublin

Esker Educate Together National School

● **if I have not replied to a confirmed offer of a place for my child within 14 days of that offer being made, I will have forfeited my child's place on the enrolment list**

**……………………………………………………………………………………………………………………………………………….**

**DOCUMENTATION**

Please ensure that all of the following is supplied with the application as otherwise it will not be processed:

An original birth certificate (with photocopy)

Two proofs of address from utility bills

A diagnosis from a psychiatrist, psychologist, or a member of a Multi-Disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder according to DSM-V, ICD 10, etc. criteria and a recommendation for a placement in a special class within a mainstream school.

Any other relevant reports – speech & language therapy/ occupational therapy and psychological reports

Signed: ........................................................ Date: ....................................

**Please email or post the completed application form to:**

Email: eskerautismclass2024@gmail.com - Subject – Special Class Enrolment 2024/25

Postal Address: Esker ETNS

The Glebe

Esker Lane

Lucan

Co. Dublin

**(Applications received before the 10th April 2024 and after the 24th April 2024 will not be considered)**



**FOR ESKER ETNS USE ONLY**

Receipt of Form Date:

Age  Original birth cert 

Priority  proof of address x2 

Report/Recommendations 

A full copy of the Enrolment policy may be obtained from the website. www.eskeretns.ie

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