



## AUTISM SPECIAL CLASS APPLICATION FORM

Special Autism Class Pupil's Name (As per Birth Cert): \_\_\_\_\_

Address: \_\_\_\_\_ Eircode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ P.P.S.N: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_  
Proposed class: Special Autism Class Year of Entry: September 2026

Mother/Guardian 1's Name: \_\_\_\_\_  
Father/Guardian 2's Name: \_\_\_\_\_

Mother/Guardian 1's Telephone No.: \_\_\_\_\_  
Father/Guardian 2's Telephone No.: \_\_\_\_\_

Mother/Guardian 1's Email Address \_\_\_\_\_  
Father/Guardian 2's Email Address \_\_\_\_\_

**Current educational Setting:** Name of Early Intervention Setting / Pre-School Setting / Mainstream Primary School Setting & how many years your child has been in that setting:

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

### Required Reports:

**Please tick that you have attached the following:**

- Report outlining diagnosis of Autism/ Autistic Spectrum Disorder, including recommendation that a placement in a special class in a mainstream school is both necessary for your child.
- NCSE Letter from SENO re: school placement (This is compulsory)
- Birth Certificate

Signature of Parent/Guardian 1 \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parents/Guardian 2 \_\_\_\_\_ Date: \_\_\_\_\_

*Should your child be placed on a waiting list for a place, their personal data may be shared with the National Council for Special Education for the purposes of planning for the provision of special education placements.*