



Scoil an Chroí Ró-Naofa, Urlingford N.S.

School Application Form Addendum Special Class for Autism

Name of Child: _____

Date of Birth: _____

Address: _____

Guardians' Names: _____

**We/I hereby wish to enrol _____ as a pupil in the
Scoil an Chroí Ró-Naofa, Urlingford with access to the Special Class for Autism**

We/I have completed the Standard Application form for Scoil an Chroí Ró-Naofa and have returned it to the school.

Mother/Father/Guardian

Mother/Father/Guardian

We/I understand that to be considered for access to the Special Class for Autism, a child must have a primary diagnosis of autism – **DSM IV/V** or **ICD 10** and have provided documentary evidence of this diagnosis.

Mother/Father/Guardian

Mother/Father/Guardian

We/I have read and signed the **Consent Form for Provision of Information to the NCSE** and agree to abide by same.

Mother/Father/Guardian

Mother/Father/Guardian

This application form should be returned by Sunday, March 31st 2024

Urlingford N.S., Urlingford, Co. Kilkenny, via Thurles
Telephone: (056) 8831512 E-Mail: urlingfordns2020@gmail.com