



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

## School Application Form Addendum Special Class for Autism

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Parents' Names: \_\_\_\_\_

**We/I hereby wish to enrol \_\_\_\_\_ as a pupil in  
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 Tuesday March 31<sup>st</sup> 2026**