



**Application Form for Special ASD Class**  
**2024-2025**

Personal Details: (Block Capitals Please)

Surname:..... First name:.....

Address:.....

.....

P.P.S.No:..... Nationality:.....

Date of Birth:..... Male/Female:.....

Telephone:..... Religion:.....

Family:

Father's/Guardian's Name:..... Occupation:.....

Contact No:..... Mobile No:.....

Mother's/Guardian's Name..... Mother's MaidenName.....

Contact No:..... Mobile No:.....

No of children in family:..... Position of applicant in family:.....

Names of brothers/sisters in the School:.....

Name of Family Doctor:..... Doctor's Phone No:.....

Health:

Is the student in receipt of a Medical Card?..... Card No:.....

General Health:..... Any Allergy:.....

Eyesight:..... Hearing:.....

Ability to take part in P.E.....

Please mention any other medical conditions you feel we should be aware of:.....

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Primary Education:

1. Name of School:.....

Address:.....

Name of Principal:..... Years Attended:.....

2. Name of School:.....

Address:.....

Name of Principal:..... Years Attended:.....

Learning Supports:

Did the student access any of the following supports?

Special Needs Assistant Support:.....

Learning Support Hours:.....

Special Class Placement:.....

ASD Outreach Class:.....

Assistive Technology:.....

Does the student have an exemption from Irish? Yes:..... No:.....

If so, a copy of the exemption must be included:.....

Reports attached: Reports should not be more than 2 years old. To apply for a Special Class, a psychologist report must recommend placement in a special class.

1. Psychological/Psychiatric Assessment:..... Date completed:.....

2. Educational Report from Primary School:..... Date completed:.....

3. Medical Report:..... Date completed:.....

4. Other:..... Date completed:.....

5. Other:..... Date completed:.....

It is the responsibility of parents/guardians to include a copy of all relevant reports with the completed application forms. An offer of a place is subject to all relevant documentation being submitted to the school with this application form.

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

*Please Note:*

*Applicants should read the school's Admission Policy, which is available on [www.stfinianscollege.ie](http://www.stfinianscollege.ie) prior to completing the application form.*

*The information requested on the application form is required in order to process your application for admission to the school. The information provided by you will be treated confidentially and processed in line with the school's Admission Policy.*

*Any personal data provided on this form will be used to (i) identify applicants (ii) process an application in line with the school's admissions policy (iii) communicate with parents/guardians in respect of an application (iv) notify parents/guardians of the outcome of an application.*

*The information will be retained for an appropriate period thereafter to address any potential queries arising from the application process or added to the student's school file in the case of successful applicants.*

*In accordance with section 66(6) of the Education Act 1998, as amended, personal data relating to applications for admission may be shared with the board of management of another school or the patron in order to facilitate the efficient admission of students. This information may include the date on which an application was received by the school, the date on which an offer was made and the date on which an offer was accepted. Personal information concerning applicants may also be shared, including their name, address, date of birth and PPS number.*

*Further information on the handling of your personal data, including how to exercise your rights under GDPR, is set out in the school's Data Protection Policy, which is available on [www.stfinianscollege.ie](http://www.stfinianscollege.ie)*