

Scoil Chormaic Application Form

Enrolment request for the school year September 2021 -June 2022.

Please tick 1 box from Primary or Senior section as appropriate:

Primary section

Mild General Learning Disability child's age: _____yrs.

or

Autism Spectrum Disorder child's age: _____yrs.

Senior section

Mild General Learning Disability child's age: _____yrs.

or

Autism Spectrum Disorder child's age: _____yrs.

Student details:

Name of student: _____ Date of Birth: _____.

Address: _____

Eircode: _____ PPSN: _____

Diagnosis: _____

Psychological Report with recommendation for placement in a Special School:

YES NO

Name of psychologist and date of assessment

Name _____ Date _____

Name of school /pre-school currently attending:

_____.

Contact details of the school: _____

Name of Parents/Guardians: _____

Contact Number/s :

Email:

Address if different from above: _____
