

Scoil Chormaic Enrolment Request Form

Enrolment request for the school year September 2023 -June 2024.

****Please be aware this is not an enrolment form. Enrolment forms will be issued should a place be offered****

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

Psychological report enclosed is within last two years: Yes No

Name of psychologist and date of assessment:

Name _____ Date _____

Name of school /pre-school currently attending:

_____.

Contact details of the school: _____

_____ ph: _____

Name of Parents/Guardians: _____

Contact Number(s) : _____

Email: _____

Address if different from above: _____