

## Scoil Chormaic Enrolment Request Form

Enrolment request for the school year September 2025 -June 2026.

**\*\*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

IQ between 50-70

child's age: \_\_\_\_\_yrs.

or

Autism Spectrum Disorder

child's age: \_\_\_\_\_yrs.

### Post Primary 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: \_\_\_\_\_

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/Persons making the application: \_\_\_\_\_

Contact Number(s) : \_\_\_\_\_

Email: \_\_\_\_\_

Custody arrangements if applicable \_\_\_\_\_

I have read the Admission's Policy of Scoil Chormaic and I agree to abide by its content : Yes  No

**Please ensure you receive an email from the school to confirm receipt of your request for enrolment.**