

St. Louis Primary School
William's Park
Rathmines
D06 FD92



AUTISM CLASS APPLICATION FORM – SCHOOL YEAR 2026-2027

Please email your application and supporting documentation to BRowley@stlouis.ie

CHILD'S NAME Male ☐ Female ☐
(Use BLOCK LETTERS and as written on Birth Certificate)

GIVEN NAME (if applicable).....

Date of Birth: Age at school entry: Yrs...../ Mths.....

Child's PPS Number:

HOME ADDRESS:

.....

EIRCODE:

Nationality: Country of Birth:

If not born in Ireland, date child arrived in Ireland:

First Language of home: Second Language of home:.....

Has your child attended Playschool/Montessori/ASD Early Intervention? Yes ☐ No ☐

Name of Playschool/Montessori/ASD Early Intervention

Dates:.....

Has your child attended Primary School? Yes ☐ No ☐

Name of Previous or Current Primary School (if applicable):

Dates:..... Class in Previous/Current Primary School:.....

Full Postal address of Previous Playschool/Montessori/ASD Early Intervention or Primary School:

.....

Telephone No: Manager/Principal:

I/We give permission to discuss the needs of my child with the Principal/Management of the pre-school/school listed above

Signature:..... Date:

Place in Family:Number of Children in Family:

Siblings attending St. Louis Primary School:

Name(s)

Class(es).....

Parent 1/ Guardian 1

Name	
Mobile No.	
Email Address	
Alternative Contact No.	

Parent 2 / Guardian 2

Name	
Mobile No.	
Email Address	
Alternative Contact No.	

Is Parent a Past Pupil? Yes / No

 If Yes: - Parent 1/ Guardian 1
 Years of attendance:

☐

 Parent 2/ Guardian 2
 Years of attendance:

☐

Who does the child reside with?

Parent 1 ☐Parent 2 ☐Both ☐Other ☐

Who is the Legal Guardian(s)?

Parent 1 ☐Parent 2 ☐Both ☐Other ☐

If OTHER please give details

PLEASE NOTE: In line with the admissions policy for St. Louis Primary School for admission to the Autism class, your child must have:

Professional report(s) recording:

- A **diagnosis of Autism** using **DSM IV/V** or **ICD 10/11**.
- A demonstration of the understanding of the complexity of the pupil's overall **level of need(s)**.
- A clear **professional recommendation and supporting rationale**, given the severity or complexity of the pupil's needs, as to what **educational placement type** would be most appropriate to best meet those needs.

and

- **NCSE 2026/2027 Eligibility Letter** for Special Class Placement

Any other useful information you would like the school to have regarding your child:

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Data Privacy Statement

The information provided on this form will be used by **St. Louis Primary School** to apply the selection criteria for enrolment in the **Autism Class**, and to allocate school places in accordance with the **School's Admission Policy** and the **School's Annual Admission Notice**.

Where a pupil is admitted to the school, the information will be retained on the pupil's file.

On acceptance of an offer of admission, this information will be entered in the School Administration System (Aladdin), and will be uploaded to the Primary Online Database. The Primary Online Database (POD) is a nationwide individualised database of primary school pupils, hosted by the Department of Education.

Parental/Guardian Declaration – please read carefully and sign below

- I have read the Data Privacy Statement in relation to the processing of information in relation to my child.
- I understand that this **application for admission to the Autism Class in St. Louis Primary School 2026/2027** is subject to the Admissions Policy in place (available on www.stlouis.ie).
- I understand that completion of this application form does not constitute acceptance of the pupil by the school authorities, nor does it imply obligation on the part of the parent//guardian.
- I understand that the Admissions Policy that is in existence when an offer of a school place is being made will be the policy that will be applied to the application. This policy is available on www.stlouis.ie
- I confirm that all the information supplied by me in respect of my child's application form for **admission to the Autism Class 2026/2027** is accurate.
- I certify that my child's home address in respect of this application is a true and valid address.

I/We wish to enrol my child (Name)

I/We declare that the above information to be correct and understand that it will be treated as confidential.

.....
Signature of Parent(s) / Guardian(s)

.....
Date of Application

We thank you for taking the time to complete this **Autism Class Application Form**. The following documentation must accompany all **2026/2027** application forms - it is the responsibility of the applicant to provide all necessary documents requested otherwise there may be a delay in processing your application beyond the closing date.

Please email your application and supporting documentation to BRowley@stlouis.ie

<u>Supporting Documentation Checklist</u>	
Professional Report(s) (see p.2 for details)	
NCSE 2026/2027 Eligibility Letter	
Copy of 2 Utility Bills <i>In parent's/ guardian's name, dated in the previous 3 months</i>	
Copy of Birth/Adoption Certificate	
<i>If your child is accepted for admission to the Autism Class 2026/2027 in St. Louis Primary School, an Acceptance of Admissions Form will be forwarded for completion by parent/guardian following your acceptance of an Autism Class space for 2026/2027.</i>	