



## SCHOOL APPLICATION FORM for Admission to ASD Class in First Year 2025/2026

**\*\*PLEASE NOTE THIS IS PART 1 OF THE APPLICATION PROCESS**

**PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT.**

Please note that this completed Application Form must be accompanied by **ORIGINAL** supporting documentation and submitted to the school no later than **Tuesday, 22nd October, 2024, at 18.00 hrs.**

Please refer to essential information on the accompanying ASD Class Information Sheet, before completing this Form.

**Closing date for receipt of Application Form (Part 1) is Tuesday, 22nd October, 2024, at 18:00 hrs.**

### Data Protection

The personal data required from you on this Admissions Form (**Part 1**) is required for the purposes of:-

- fulfilling our legal obligation to provide an education to students
- student enrolment and student registration
- allocation of teachers and resources to the school
- school administration
- to fulfil our other legal obligations
- to process appeals, resolve disputes and defend litigation etc.

**1. You have the following statutory rights that can be exercised at any time:**

- (a) Right to complain to supervisory authority.
- (b) Right of access.
- (c) Right to rectification.
- (d) Right to be forgotten.
- (e) Right to restrict processing.
- (f) Right to data portability.
- (g) Right to object and automated decision making/profiling.

\*\*For further information please see our school Data Protection Policy on our school website under the Policies tab.

**OFFICE RECEIPT DATE STAMP  
AND TIME**

The ASD class in Malahide Community School will provide an education exclusively for students who fulfil the requirements for an Autism Specific class. The student must provide a report or reports from a relevant professional or a team of professionals stating that:

1. The student has been assessed as having a primary diagnosis of Autism Spectrum Disorder. This assessment must be in line with the established Department of Education criteria of DSM IV or DSM V or ICD 10 criteria.  
**And**
2. The student has complex learning needs, "that require the support of a special class at second level".  
**And**
3. The complex learning needs arising from the student's diagnosis are clearly outlined in the professional report. (NCSE Special Class Guidelines)

The Clinician reports must recommend that the child requires this type of support. Please provide the relevant reports confirming the Special Educational Need and the recommendation(s) for the ASD Class, completed preferably within the last 24 months, with this completed Application Form, so as to be considered for admission to the ASD Class. Reports which state 'eligible to attend' an ASD Class will not suffice.

### Special Educational Needs:

The Autism Specific class in Malahide Community School will provide an education exclusively for students with a diagnosis of Autism meeting the conditions in **section 4 in our Admission Policy**. The decision on the conditions for granting a place in the ASD class lies with the SENO under the remit of the NCSE. The Board of Management may then offer a place to a student in the Autism Specific Class in accordance with the Admission policy. In the event of oversubscription, the criteria as outlined in **Section 6** will apply. The Board of Management may refuse admission to this ASD class, where the student concerned does not have the specified category of special educational needs provided for in this class.

A copy of the student's educational, medical, or where appropriate, psychological report and other reports (Occupational Therapy, Speech and Language etc) will be requested. To assist Malahide Community School in meeting needs, it is essential that the Board of Management is fully informed of the student's educational history and the resources required to provide an educational service appropriate to the applicant's best interests.



# Malahide Community School

## Pobalscoil Íosa

Principal David Hayes

Deputy Principals Jean-Marie Ward - Cora M. Tighe - Nicola Garvey

Malahide, County Dublin, Ireland. Phone: 01 8463244/8463326 Email: office@malahidecs.ie

### 1. PERSONAL DETAILS

(Required for stage 1 of application process to ASD class)

Student's Surname	
Student's First Name	
Student's PPSN	
Home Address	
	EIRCODE:
County	
Date of Birth	
Birth Certificate Attached	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please tick ✓ appropriate box.)</i>
Birth Certificate Forename <i>(if different to above)</i>	
Birth Certificate Surname <i>(if different to above)</i>	
Mother's Maiden Name	

### 2. PRIMARY SCHOOL DETAILS

(Required for stage 1 of application process to ASD Class)

NAME OF PRIMARY SCHOOL <i>(currently attending 6th Class)</i>	
ADDRESS OF PRIMARY SCHOOL <i>(currently attending 6th Class)</i>	
Roll Number of Primary School <i>(currently attending 6th Class)</i>	

### 3. FAMILY DETAILS

	Parent/Guardian 1	Parent/Guardian 2
Surname		
Forename(s)		
Relationship to child <i>(mother/father/other guardian)</i> <i>- please provide details</i>		
Mobile Number for Messaging from School		
Work Phone Number		
Home Phone Number		

***N.B. Please make sure the School is aware of any change in your contact details. This is essential for contact purposes.***



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Contact E-mail Address		
Postal Address (if different from above)		
Correspondence should be addressed to (Please tick the relevant box.)	Both Parents/Guardians <input type="checkbox"/> <b>OR</b> Mother <input type="checkbox"/> <b>OR</b> Father <input type="checkbox"/> _____ State above Correspondence title i.e. Mr. & Mrs./Mrs./Mr. and specify surname).	
Name(s) of Parent(s)/Guardian(s) who previously attended this school and year of completion at the school.	_____ _____	
Does the child have any Brother(s)/Sister(s) currently attending this school?	Name / Year Group	
	Name / Year Group	
	Name / Year Group	

### 4. EDUCATIONAL DETAILS (Required for Part 1 of application process)

**1. Does your child have a report or reports from a relevant professional Clinician or a team of professionals stating that:**

The student has been assessed as having a primary diagnosis of Autism Spectrum Disorder. This assessment must be in line with the established Department of Education criteria of DSM IV/V or ICD 10.

**And**

The student has complex learning needs, "that require the support of a special class at second level".

**And**

The complex learning needs arising from the student's diagnosis are clearly outlined in the professional report. (NCSE Special Class Guidelines) **Yes**  **No**

**The Clinician Reports must clearly recommend that the child requires this type of support. Please provide the relevant reports confirming the Special Educational Need and the clear recommendation(s) for the ASD Class, completed preferably within the last 24 months, with this completed Application Form, so as to be considered for admission to the ASD Class. A report which states that the child is 'eligible to attend' an ASD class will not suffice.**

**2. Has the student had a Psychological Assessment?**  
If Yes, is the Psychological Report available?

**Yes**  **No**   
**Yes**  **No**

**Date of Psychological Assessment:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Copy of Psychological Assessment enclosed:**

**Yes**  **No**

**3. I have provided copies of all Reports requested - educational, medical and other reports - Occupational Therapy, Speech and Language, etc.**

**Yes**  **No**



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### 5. COMPLIANCE WITH SCHOOL POLICY

*I/we have read, understand, accept and agree to the aims and rules of the School as stated in the school's Admission Policy (available on the school's website).*

*I have read the School's Codes of Behaviour and I am willing to accept them and any amendments and to support the school and staff in their implementation (available on the school's website).*

Signed: \_\_\_\_\_  
Parent(1)/Guardian(1)

Signed: \_\_\_\_\_  
Parent(2)/Guardian(2)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### CHECKLIST

**Signatures of a Legal Guardian/Parent is required (unless in case of Sole Guardianship, where proof may be required.)**

I/we have read the Data Protection policy on the school website.

I/we have fully completed and signed Part 1 Application Form (including Student PPS No.)

I/we have enclosed a copy of the child's Birth Certificate

I/we enclose all relevant Reports, including a CLEAR recommendation from a Clinician that the student is to attend an ASD Class. Reports which state 'eligible to attend' will not suffice.

I/we enclose a copy of Educational/Psychological Report(s)

I/we have provided all documentation as outlined on the 'ASD Class Information Sheet' as requested   
e.g Utility Bills, Proof of Principal Private Residence, Insurance Certificate, etc.)

Signed: \_\_\_\_\_  
Parent (1)/Guardian(1)

Signed: \_\_\_\_\_  
Parent (2)/Guardian(2)

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

**"I DECLARE THAT I HAVE READ THE SCHOOL'S ADMISSION POLICY."**

**"I DECLARE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT."**

Signature: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_