



SCHOOL APPLICATION FORM for Admissions to the AS Class in 2026/2027

****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 **Wednesday, October 22nd 2025, at 18.00 hrs.**

Please refer to essential information on the AS Class Information Sheet located on www.malahidecs.ie, before completing this Form.

Closing date for receipt of Application Form (Part 1) is Wednesday, October 22nd 2025, 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.**

Data Sharing:

Schools in areas of high demand may be requested to share data on applications for admissions with each other, the Department of Education and Youth (DEY) / the National Council for Special Education (NCSE) (in respect of applications for admission to special classes).

Please read the Department of Education and Youth (DEY) Personal Data Fair Processing Notice here in relation to personal data we are legally obliged to share with DEY <https://www.gov.ie/en/circular/ff5adff-fair-processing-notice-to-explain-how-the-personal-data-of-students/>

Under the provisions of the Infectious Diseases (Amendment) (No. 3) Regulations 2024 (SI 735 of 2024) and the Health Provision of Information for Health Examination and Treatment Service) Regulations 2024 (SI 750 of 2024), when a request is made by the HSE, the school must share relevant personal data: the name, address, date of birth and sex of the pupil; the mother's birth surname; full contact details of their parent/guardian; the pupil's PPSN (if any); the name of the school which the pupil attends and the school roll number.

**OFFICE RECEIPT DATE STAMP
AND TIME**

The Autism Specific (AS) Class in Malahide Community School will provide an education exclusively for students who fulfil the requirements for an Autism Specific Class. Please see **Appendix A** of our Admission Policy for procedures for entry into the AS Class. The student must provide a report or reports from a relevant professional or a team of professionals with this completed Application Form, 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).

NB: As per Appendix A of our Admission Policy, applicants must also provide the NCSE Letter of Eligibility confirming the Special Educational Need and the recommendation(s) for the AS Class.

The Clinician reports must recommend that the child requires this type of support. Reports which state 'eligible to attend' an AS 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 AS 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 AS class, where the student concerned does not have the specified category of special educational needs provided for in this class.

Malahide Community School

Pobalscoil Íosa

Registered Charity No. 20148898



Malahide, Co Dublin. K36-PR28

Telephone: 846 3244 / 846 3326

Email: office@malahidecs.ie Web: www.malahidecs.ie

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 of the resources required to provide an educational service appropriate to the applicant's best interests.

1. PERSONAL DETAILS

(Required for stage 1 of application process to AS 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"/> (Please tick ✓ appropriate box.)
Birth Certificate Forename (if different to above)	
Birth Certificate Surname (if different to above)	
Mother's Maiden Name	

2. PRIMARY SCHOOL DETAILS

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

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

3. FAMILY DETAILS

	Parent/Guardian 1	Parent/Guardian 2
Surname		
Forename(s)		
Relationship to child (mother/father/legal guardian) - please provide details		
Mobile Number for Messaging from School		



Work Phone Number		
Home Phone Number		
<i>N.B. Please make sure the School is aware of any change in your contact details. This is essential for contact purposes.</i>		
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"/> OR Mother <input type="checkbox"/> OR 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 AS Class. A report which states that the child is 'eligible to attend' an AS Class will not suffice.

NB: As per Appendix A of our Admission Policy, applicants must also provide the NCSE Letter of Eligibility confirming the Special Educational Need and the recommendation(s) for the AS Class.

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

Yes ☐ No ☐
Yes ☐ No ☐

Dates of Psychological Assessments:

____/____/____

Copy of Psychological Assessments 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 ☐

4. I have provided the NCSE Letter of Eligibility, as per Appendix A

Yes ☐ No ☐



5. COMPLIANCE WITH SCHOOL POLICY

I/we have read, understand, accept and agree to terms of 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

Signature of at least one Parent/ Legal Guardian is required

- I/we have read the Data Protection policy on the school website. ☐
- I/we have fully completed and signed Application Form PART 1 (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 AS Class. Reports which state 'eligible to attend' will not suffice. ☐
- I/we enclose a copy of Educational/Psychological Report(s), etc. ☐
- I/we enclose a copy of the NCSE Letter of Eligibility ☐
- I/we have provided all documentation as outlined on the 'AS Class Information Sheet' as requested (e.g. Utility Bills, Proof of Principal Private Residence, Insurance Certificate, etc.) ☐

Failure to complete form fully and supply all necessary documentation will deem application invalid.

Signed: _____
Parent (1)/Guardian (1)

Signed: _____
Parent (2)/ Guardian (2)

"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 (1)/Guardian (1)

Date: _____

PRINT NAME: _____

Signature: _____
Parent (2)/Guardian (2)

Date: _____

PRINT NAME: _____