Ábalta

Abalta Special School Application form 2025-2026

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| Child’s full name |
| Usual version of child’s name(If different from above) |
| Nationality |
| Playschool attended (if any) |
| Date of Birth |
| P.P.S. Number |
| Religion (Optional) |
| Father/ Guardian’s Name | Email address |
| Tel Home | Tel Work |
| Mother/ Guardian’s Name | Email address |
| Tel Home | Tel Work |
| Home Address (including postcode) |
| Name of previous school(s) attended | Class |
| Medical Needs |
| Details of professional reports |

**Documentation**

Please ensure that all of the following is supplied with the application.

Original Birth Certificate (and one photocopy)

Proof of address (bill, bank statement)

A detailed report from a psychologist, psychiatrist or a member of a multi-disciplinary team. This must set out the child’s primary diagnosis of autism spectrum disorder. It must also state that an autism specific special school placement is recommended. If the child requires access to a bus escort or SNA support please have this in the report.

Any other relevant reports – for example: Speech & Language, Occupational Therapy or medical.

**Please read and sign below**

I understand that

* The receipt of an application form does not guarantee that the child will be offered a place.
* It is my responsibility to inform the school of any change of contact details or other relevant circumstances.
* If I have not replied to a confirmed offer of a place for **14 days** of the offer being made, I will have forfeited my child’s place on the enrolment list.
* failure to provide all relevant medical and behavioural reports (as defined in the Enrolment policy) may invalidate this application and may result in my child’s place in the school being forfeited prior to or after enrolment.

**Please tick each box to indicate that you consent**

1. I have read the Enrolment policy and I confirm that I accept the terms of the application and enrolment process. I understand that these terms will continue for the duration of my child’s enrolment in the school.
2. I consent to the use of my child’s image by the school in publications and circulars, the school website, social media and any newsletters.
3. I have read the Code of Behaviour & all school policies and I confirm that I will work with my child to ensure that they comply with them.
4. I consent to data sharing with the HSE for use in dental / doctor / medical / vaccine visits.

**Parent / Guardian Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only:**

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

Psychological Report with primary diagnosis of Autism & Complex Needs attached: Yes / No

Recommendation that the child attends a school for children with autism and complex needs: Yes / No

Application form is complete/incomplete: Yes / No

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