# Application Form 2027/28

Saplings Special School Carlow,
Killeshin
Carlow
Phone: 0599147570
Roll No: 20370V

**Child's forename:** _____ **Surname:** _____
**Date of Birth:** _____ **PPSN:** _____
**Home Address:** _____
_____
_____ **Eircode:**_____

**Gender: M / F** (please circle)

| | | | |
|---|---|---|---|
| **Parent/Guardian 1 Name** | | **Parent/Guardian 2 Name** | |
| **Mobile No.** | | **Mobile No.** | |
| **Home phone No.** | | **Home Phone No.** | |
| **E-mail address** | | **E-mail address** | |

****Important - Please keep the school informed if you change address or phone number ****

Educational History to date:
Pre – School: _____
Primary School: _____
Special School: _____

Current School: _____
Current Class: _____
Will your child require school transport? **Yes** ___ **No** ____

| | |
|---|---|
| Does your child have a sibling currently enrolled in the school?<br>☐ Yes ☐ No | If Yes, please state siblings name:<br>_____ |

**Checklist:**

- ☐ Completed application form
- ☐ NCSE letter of eligibility for the 2027/28 school year

Professional report(s) outlining: …..

- ☐ Diagnosis of Autism: DSM IV/V or ICD 10/11 (psychologist, psychiatrist, multidisciplinary report)
  **AND**
- ☐ A demonstration of the understanding of complexity of the child's overall level of need/s evidenced in the professional reports
  **AND**
- ☐ Given the severity or complexity of the child's support needs, a clear professional recommendation outlining that an **Autism Special School is required** to best meet the child's needs, along with the rationale for same
- ☐ Original Birth Cert (The school will make a copy and will return all the original document.)
- ☐ 2 proofs of address dated within the past six months(e.g. utility bills, government correspondence, home insurance policy)

**Declaration:**

I confirm I have enclosed the required documentation with my child's application. *Incomplete applications will be returned.*

I/We being the Parent(s)/Guardian(s) of the applicant do herby confirm that the above information is true and accurate. I/We understand that the information provided will be used only for the purpose of the admissions process. It will be restricted to those who require access for processing, i.e. secretary, principal, deputy principal and chairperson and may be share with the NCSE upon request. Data will be stored securely for this purpose. This application and supporting documentation will be stored on file until the end of the academic year to which the application applies.

_____
Signature of Parent/Guardian 1

_____
Signature of Parent/Guardian 1

Date: _____

Closing date for receipt of this form and *ALL* supporting documentation by post, in person or by email is **2.40pm Friday 29th January 2027**. Documentation received after this date will mean that your application will be processed as a late application in accordance with our Admissions Policy.

Received by _____ Date _____ Time _____

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