St. Kilian's SNS Autism Class Enrolment Form 2027/28:

(BLOCK CAPITALS ONLY):

Child's Details :

Child's first name: _____

Child's surname: _____

Address: _____

Eircode: _____

Birth certificate name (if different from above): _____

Child's PPS number: _____

Child's date of birth: _____

Place of birth/Country of birth: _____

Child's nationality: _____

Gender: _____

Mother's maiden name: _____

Parent/Guardian Contact Information:

Mother's name: _____

Mother's mobile phone number: _____

Mother's work tel. no.: _____

Mother's email address: _____

Father's name: _____

Father's mobile phone number: _____

Father's work tel. no.: _____

Father's email address: _____

Names of siblings currently attending St. Kilian's Senior School (if applicable) :

1. _____
2. _____
3. _____

Office Only: Date Application Received: _____
Documents included: Birth Cert. ☐ Bill 1 ☐ Bill 2 ☐

Data Protection Notice:

St. Kilian's Senior School collects and processes your child's personal data for the purposes of administering education to your child. To facilitate this, the school will input your child's data onto the school management information system, Aladdin.
Incorrect or misleading information may invalidate an admission application. The BOM reserves the right to verify and seek further proof of documented evidence of information supplied in support of this application.

Parental/Guardian Declaration :

- I have read the Data Protection Notice in relation to the processing of information in relation to my child.
- I understand that this application for admission to St. Kilian's Senior School is subject to the Admissions Policy (available at the office or on the school website).
- I confirm that all information supplied by me in respect of my child's admission application is accurate.
- I certify that documents provided as proof of address represent the current home address of the child.
- I agree to abide by all school policies, including the Code of Behaviour, agreeing to make every reasonable effort that my child will comply with the code. See policies on the school website.

Date of Application: _____

Signed: _____ Date: _____ Parent/Guardian

Signed: _____ Date: _____ Parent/Guardian

The following documentation must accompany all 2027/28 application forms:

- Birth Certificate
- If your child lives in the parish of Kingswood/Castleview/Kilnamanagh
  Two original documents as follows as proof of address:
  a. Utility bill: A current gas/electricity bill
  b. Statement from Bank/Credit Union ,Letter from Department of Social Protection/Revenue or other official correspondence from a state agency/insurance company

Note: If your child is accepted for admission to St. Kilian's Senior School ,an Acceptance of Admission form will be forwarded to parents/guardians and must be returned to the school by the specified date on the schools admissions notice.

St. Kilian's SNS Autism Support Class Application Form 2027/28:

The following documentation must accompany all 2027/28 application forms for the Autism Support Class:

☐ Birth Certificate

☐ NCSE/SENO Letter of Eligibility for Autism Support Class (for 2027/28 school year)
☐ Professional report outlining Autism diagnosis (DSM IV/V)

☐ Demonstration of the complexity of the child's level of need

☐ Clear professional recommendation for an autism class

☐ Child's PPSN

☐ Proof of address documents where applicable

I have included all of the above:

Signed: _____ Parent/Guardian Date: _____

Signed: _____ Parent/Guardian Date: _____