



## AUTISM CLASS APPLICATION FORM 2025/2026

### St TIERNAN'S COMMUNITY SCHOOL

*This an application for admission and does not constitute an offer of a place, implied or otherwise. Providing false information may lead to the withdrawal of an offer of a place in the school.*

St Tiernan's Community School,  
Parkvale,  
Balally,  
Dublin,  
D16 KW26

**Please ensure that you return the following documents to the school to complete your application:**

Recent Proof of address (copy of utility bill or bank statement dated within the last 3 months and in the name of the parent/guardian will be accepted)	
Copy of Birth Cert	

**Name of Applicant:** \_\_\_\_\_

**For Office Use Only:**

<b>Date application received:</b>	
<b>Received by:</b>	
<b>Utility Bill enclosed:</b>	
<b>Birth Cert enclosed:</b>	
<b>Professional Reports received:</b>	



Please complete all sections of the following application using Block Capitals	
Section 1 – Student Details	
First Name	
Last Name	
Date of Birth	
Address	
Eircode	
PPSN	
Current School Name & Address	
Is your son/daughter currently in a special class	YES ___ NO ___ (please tick)
Names of Sibling/s who attend or have attended St Tiernan's CS	

Section 2 – Parent/Guardian Details		
	Parent / Guardian 1	Parent / Guardian 2
Preferred Prefix (Mr. / Mrs. / Ms. Etc.)		
First Name:		
Surname:		
Address:		
Eircode		
Phone Number	* <input type="checkbox"/>	* <input type="checkbox"/>
Email Address		
Relationship to the student		

*\*Please tick one mobile phone number above which St Tiernan's CS will use for text messages*



### Section 3 – Student Code of Behaviour

Please confirm that you and your son/daughter agree to abide by the school's code of behaviour if they secure a space in the school. The code of behaviour can be found at [Code-of-Behaviour-Policy-Update-from-October-2023.docx.pdf \(sttiernans.ie\)](#)

I \_\_\_\_\_ (student) and \_\_\_\_\_ (parent/guardian) agree to abide by the school's code of behaviour if a place in the school is secured.

### Section 4 SEN Information

Parents / Guardians must supply an up to date professional report which must indicate a clear diagnosis of Autism/Autistic Spectrum Disorder (ASD) meeting DSM IV/V or ICD – 10 diagnostic criteria, and which contains a recommendation for an Autism Special Class Placement.

Only applications in respect of Students whose needs fall within the category of special educational needs provided for by the Special Class will be considered.

Was a professional assessment carried out recently?

Yes  No

If Yes, please state the type of report and the date of assessment:

\_\_\_\_\_

Was a recommendation made for a placement in an Autism Special Class at Second Level?

Yes  No

Please provide an outline of your Son's/Daughter's Special Educational Need and include a copy of all relevant assessments/reports.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tick the box to give consent for the school to consult with the SENO and for the SENO to view this application:



### Data Protection

Note: The information provided on this form is confidential and will be retained, used and disclosed by St Tiernan's Community School in line with its Data Protection Policy.

#### **Important Information:**

- Please understand that it is your responsibility to inform the school of any change in contact information or circumstances relating to this application.
- Please sign below to demonstrate that you have completed the form and included the accompanying documentation.
- Please note that if the applicant is successful further information will be required prior to entry

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

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Date)