



Scoil Náisiúnta an Chroí Naofa, Glounthaune;

Tel: 021-4353645; email:info@sncn.ie

Autism Class Application Form for the 2025/26 School Year

Name of child _____ Date of birth _____

Address _____

Mother's name _____ Phone no. _____

Father's name _____ Phone no. _____

Name of school or preschool the child attended: _____

_____ Phone no. _____ Contact person _____

What class is the child in currently: _____

Is the child involved with any ASD services currently: Yes/No _____

If yes please list them:

*Please list all other health and/or educational services your child is involved with _____

Parents to read & sign

I wish to apply for a place for my child in the SNCN Autism class for 2025/26. I give my consent for reports on my child to be circulated to the SENO and other relevant agencies

Signed _____ Date _____

Signed _____ Date _____

This Application Form along with your child's Psychological/Cognitive Report should be forwarded to the following address:

Scoil Náisiúnta an Chroí Naofa, Glounthaune, Cork. T45 AX78.