



Salesian Secondary College  
**Special Class Application Form**  
**2025/2026**  
for 1st Year enrolment

School Use Only	
GDPR A	
GDPR B	

Before you submit this form, check that you have fully filled in every section and that you have signed the completed form.

Closing date for receipt of completed application forms is:  
12:30pm - MONDAY 10th November 2025

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Gender: \_\_\_\_\_  
PPS No.: \_\_\_\_\_ Religion: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home address: *(all correspondence will be sent to this address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Eircode: \_\_\_\_\_

Primary School Name: \_\_\_\_\_

Primary School Address: \_\_\_\_\_

**Parent/Guardian 1: Personal Details**

**Parent/Guardian 2: Personal Details**

Surname: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Address:

Home Address:

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

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

Contact No.: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Email:

Email:

Please provide details **IF** parent(s)/guardian(s) **PREVIOUSLY** attended any of the schools listed on this form:

Name	School	Yearsof attendance

## Sibling(s) School Details

Please state the name(s) of any brothers or sisters **CURRENTLY** attending any of the post-primary schools listed on this form.

Name	School

Please state the name(s) of brothers or sisters who **PREVIOUSLY** attended any of the schools listed on this form.

Name	School	Years of attendance

## Applicants Current Placement

Current placement status of the applicant, (please tick one of the boxes 1-7)	
1. Pre-school/ECCE	
2. Autism specific preschool setting	
3. Home Tuition (at home private Tutor)	
4. Early intervention class (in a mainstream school)	
5. Mainstream class	
Name of mainstream school	
6. Special Class in Mainstream School	
Name of mainstream school	
7. Special school	
8. Early Intervention class in a special school	
Name of special school	
9. Applicant is not attending a setting, (at home)	
Other. Please provide details	

## Eligibility Criteria

In order for an applicant to be considered for a special class place, all of the criteria below must be met in line with NCSE guidelines.

Details of Eligibility Criteria		
	Please tick	Author Of Report
Diagnosis Of Autism Spectrum Disorder (DMS IV / ICD10)		
Recommendation For a Special Class Place		
Eligibility letter from SENO		

Please return the completed Application Form with an A4-sized, stamped, self-addressed envelope, to the **Principal Keith O' Rahilly** choice by **12.30pm on Monday 10<sup>th</sup> November 2025**.

Please note that the responsibility for making an application, and ensuring that it is submitted on time, rests with the parent(s)/guardian(s). **The school will acknowledge receipt of your form, if you do not receive an acknowledgement, you must contact the school directly, before the closing date.**

I/We have read and accept the Admission & Enrolment Policies of the Salesian Secondary College, Pallaskenry..

**Parent/Guardian 1 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian 2 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_