



AS CLASSROOM APPLICATION FORM
MAYFIELD COMMUNITY SCHOOL, CORK

Scoil Phobail Ghort Álainn, Corcaigh

School Year 2025 / 2026

Personal Details

Please complete all sections of the form in BLOCK CAPITALS

Student Name: _ Address: _ _	Male <input type="checkbox"/> Female <input type="checkbox"/> Student PPSN: _ Date of Birth: _ Religion: _ Nationality: _ Home Tel: _ Language spoken at home: _
Primary School: _ Address: _ Principal's Name: _ Tel: _ Previous School(s): _ (if any)	

1. Parent/Guardian's Details	2. Parent/Guardian's Details
Name: _	Name: _
Address: _ _	Address: _ _
Occupation: _	Occupation: _
Work Tel: _	Work Tel: _
Mobile No: _	Mobile No: _
Email: _	Email: _

Name(s) of Brothers or Sisters in Mayfield Community School at Present:

Name	Class	Name	Class

Name(s) of Family Members who are Past Pupils of Mayfield Community School:

Name	Name

Mother's Maiden Name: _
Number of Children in Family: _
Position of student in Family (1st, 2nd etc.) _

Additional Emergency Contact Name: _ Tel: _

Medical Details

Family Doctor: _ Tel: _
Is there any medical condition(s) that the school needs to be aware of?
Yes No
If Yes, please give details: _

Medical Card Holder? Yes No
If Yes, please state:
Medical Card No. _
Expiry Date: _

Further Information Required (Compulsory)

I wish to have the above named child considered for enrolment at Mayfield Community School for the ASD Classroom for the year 2019/2020 and give permission for Mayfield Community School to contact my child's school to arrange a visit(s). I will be notified in advance of this visit.

Please tick Yes or No Yes No

I also give permission for members of the Mayfield Community School AS Programme Steering Committee to have access to all materials forwarded to the School as part of the application process.

Please tick Yes or No Yes No

I have attached a copy of the letter recommending my child's admission into an AS programme, by the relevant ASD service (compulsory).

Please tick Yes or No Yes No

I have also included all original documentary evidence that proves conclusively that the applicant has been diagnosed with an Autistic Spectrum Disorder (ICD-10, DSMV, DSMIV) by an approved specialist / team of specialists in the fields of educational psychology / clinical psychology / child psychiatry

Please tick Yes or No Yes No

The school requires that parents/guardians of applicant pupils provide it with a full, written original diagnostic history and all psychological reports / Occupational Therapy reports / Speech and Language Therapy reports, or any other reports, which refer to the original diagnosis (these will not be accepted in lieu of the original written diagnosis.)

Please tick Yes or No Yes No

I have attached a copy of either 1. the School Transition Report from the relevant ASD service
OR in its absence
2. a School Transition Report must be completed by the primary school.

Please tick Yes or No Yes No

Parent/Guardian Consent

Please ✓ tick boxes and sign below:

In accordance with the Department of Education & Skills' guidelines, the Board of Management must seek permission from parents/guardians in the following areas:

DES Database

I give permission for Mayfield Community School and the Dept. of Education & Skills to retain personal information about my child for purposes as outlined in DES Circular 0047/2010 (available at www.education.ie or on request from the school office)

Data Sharing

I give permission for Mayfield Community School to share relevant information with other educational agencies, e.g. NEPS, NCSE

School Website/Publications

I give permission for the use of school related photographic images which include my son/daughter on the school website and in other publications.

School Policy Compliance Agreement

- I understand, accept and agree to the aims and rules of Mayfield Community School as stated in the school's Enrolment Policy ,and Code of Discipline and Behaviour (available from the school office on request)
- I agree to monitor my child's progress through the School Journal (replacement journal costs €5)

Signature of Parent/Guardian:

Date:___

- ♦ I understand, accept and agree to the aims and rule of Mayfield Community School as stated in the school's Enrolment Policy , and Code of Discipline and Behaviour

Signature of Student:

Date:___

Mayfield Community School reserves the right to contact previous school(s) for a copy of the student's school records

We, the undersigned, certify that the above information is correct.

Signature of Applicant _____

Signature of Mother/Guardian _____

Signature of Father/Guardian _____

Date _____

Applications must be lodged by Friday, 25th October 2024

Mayfield Community School, Old Youghal Road, Mayfield, Cork
Ph: 021 4506855 * email: admin@mayfieldcs.ie * www.mayfieldcs.ie
Principal: Kieran Golden * Deputy Principal: Kathleen Daly