



Application for Enrolment in ASD Class for September 2024

Information on child seeking registration which will be shared with DES if child is enrolled.

Child's First Name: \_\_\_\_\_ Child's Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  P.P.S No: \_\_\_\_\_

Address: \_\_\_\_\_

Family's Country of Origin: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Name/Address of previous school/preschool: \_\_\_\_\_

If they were not attending school/preschool, was your child in receipt of home tuition: Yes  No

Names of brothers and sisters currently/previously attending Mary, Mother of Hope Schools: \_\_\_\_\_

Does your child have a primary diagnosis of Autism/Autistic Spectrum Disorder using the DM V or ICD 10 as set out by a professional approved by the Department of Education & Skills Yes  No

Does your child have a recommendation for an ASD Special Class from a multidisciplinary team? Yes  No

Does your child have any medical conditions? Yes  No  If yes please give brief details: \_\_\_\_\_

With your consent we will share the following information with the Department of Education & Skills, if your child is enrolled.

Ethnic or Cultural Background of child: Consent to share with DES  No Consent to share with DES

White Irish  Irish Traveller  Roma  Any other White Background  Black African  Any other Black Background

Chinese  Any other Asian Background  Other (Inc. mixed background)

Child's Religion: \_\_\_\_\_ Consent to share with DES  No Consent to share with DES

Parent/Guardian Information:

Mother/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mobile Number for Text Notifications: \_\_\_\_\_ Email address for school contact: \_\_\_\_\_

Name of Emergency Contact 1: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of Emergency Contact 2: \_\_\_\_\_ Mobile: \_\_\_\_\_

**I understand that: (please tick)**

Allocation of places in the ASD Class at Mary, Mother of Hope J.N.S will be strictly in accordance with the enrolment policy 24/25

Completion of this form and it's receipt in the school does not guarantee that my child will be offered a place in the school.

It is my responsibility to inform the school of any changes in address, contact details or any other circumstances.

If I have not replied to a confirmed offer of a place for my child within 14 days, I will forfeit my place.

I understand that deliberately giving incorrect information will render this application null and void

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

For School Use Only: Birth Cert:  2xProof of address:  PPS Number:  Sibling/Sibling Past Pupil? Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Pre-Enrolment Number