



Scoil Mhuire Ballymore Eustace

<http://www.bmesch.ie>
@BallymoreEusNS

office@bmesch.ie
Tel: (045)864085

Enrolment Application for ASD Class

Child

Child's Name: (as on Birth Cert) _____

Date of Birth: _____ Gender: Male Female Other PPSN: _____

Child's Address: _____

Nationality: _____ Child's First Language: _____

(Pre)School Currently Attending: _____

Sibling(s) Attending Scoil Mhuire: _____

CHECKLIST

Have you attached or enclosed with this form (please tick the appropriate box):	YES	NO
1. Copy of the child's birth certificate or equivalent		
2. Copy of a diagnosis of a qualifying autism spectrum disorder (DSM IV/V or ICD-10), made using a professionally recognised clinical and psychological assessment procedure		
3. Copy of a recommendation to attend an ASD class in a mainstream setting or equivalent, dated less than two year previous to the proposed admission date.		
4. Any other relevant professional reports		

Parent(s) / Guardian(s)

Mother's / Parent or Guardian 1's Name: _____

- *Mother's / Parent or Guardian 1's Maiden Name (if applicable):*

- Address: _____

- Home Tel: _____ Mobile No. _____ Work No. _____

- E-mail address: _____



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Father's / Parent or Guardian 2's Name: _____

- *Father's / Parent or Guardian 2's Maiden Name (if applicable)*

- Address:

- Home Tel: _____ Mobile No. _____ Work No. _____

- E-mail address: _____

Confirmation & Acceptance

I/We confirm that I/we have read and understand all the information set out on this form. I/we certify that the information I/we have given in this form is correct. I/We understand that if the information we have given is false it could result in the child's enrolment being suspended or cancelled.

I/We confirm that we are aware that the data relating to this application will be kept on file in the school and may be shared, if appropriate, with:

- The Department of Education and Skills (DES)
- The National Council for Special Education (NCSE)
- The National Educational Psychological Service (NEPS) or other psychological service

Signed: _____ *Parents/Guardians*

Date: _____ *Signature of both Parents/Guardians required, where possible.*

******* Please provide a copy of your child's Birth Certificate with this Application Form*******

Office Use Only Date Received _____ Time _____