

SN Mhuire, Barntown

Enrolment Form for ASD Class

Name of Child: _____ Date of Birth: _____

Nationality: _____ PPS Number: _____

Address: _____

Telephone Number(s): Home: _____ Mobile: _____

Mother's Name: _____ Email: _____

Father's Name: _____ Email: _____

Assessed by: _____ Date of Assessment: _____

Diagnosis*: _____

Recommendations**: _____

Parent/Guardian's Signature(s): _____

Date of Application: _____

Please note incomplete forms cannot be accepted.

**A report with a diagnosis of ASD using DSM V must accompany this enrolment form.*

***A recommendation that the child attend an ASD class attached to a mainstream school is required prior to enrolment into SN Mhuire, Barntown*

These criteria are set out in the Admissions Policy which can be found on the school website www.barntownns.ie

The Board of Management reserves the right to refuse admission.

For school use only: Date application was received _____