



Application for Transfer to Special Class for children with Autism - 2022/2023

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: _____

Name/Address of previous school: _____

My child was enrolled in: Mainstream Special Class for Children with Autism

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 is enrolled.

Ethnical 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 22/23

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 a start date for your child cannot be provided until appropriate accommodation is available

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