

# MERCY PRIMARY SCHOOL



## ASD Class Enrolment Application Form for September 2022

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (at which the applicant resides):

\_\_\_\_\_  
\_\_\_\_\_  
Eircode: \_\_\_\_\_

Name and class of Sibling(s) currently enrolled:

\_\_\_\_\_  
\_\_\_\_\_

Parish in which the applicant resides: \_\_\_\_\_

Does your child have an up to date educational psychological assessment  
confirming a diagnosis of ASD: YES  NO

Does your child have a written professional recommendation to attend an ASD  
class in a mainstream setting: YES  NO

Please enclose reports regarding the above.

I understand that:

- Receipt of enrolment application form by the school does not mean that my child will be offered a place in the Mercy Primary School ASD class.

**Parent(s)/Guardian(s) Details:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Parent  Custodian  Legal Guardian  Parent  Custodian  Legal Guardian

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

\_\_\_\_\_

Home Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Signed:

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be returned to **Mercy Primary School, Chapel Lane, Birr, Co. Offaly, R42 TX89** on or before 25/02/2022

