

MERCY PRIMARY SCHOOL



ASD Class Enrolment Application Form for September 2025

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

P.P.S. No: _____

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: _____

Eircode: _____ Eircode: _____

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 21/02/2025