## **Ballymurn National School**

## **Application for enrolment into ASD Class September 2024**

| Name of Child:  |   |
|---|---|
| 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  | e accepted.   |
| *A report with a diagnosis of ASD using L                                       | DSM V must accompany this enrolment form.                                 |
| **A recommendation that the child attemption to enrolment into Ballymurn Nation | nd an ASD class attached to a mainstream school is required<br>nal School |
| These criteria are set out in the Admissio www.ballymurnns.ie                   | ns Policy which can be found on the school website                        |
| The Board of Management reserves the  | right to refuse admission.  |
| For school use only: Date application wa  | as received   |
| Closing date for applications is 2pm on W                                       | Vednesday December 20 <sup>th</sup> 2023                                  |
| Please post/deliver completed forms to:   | ;   |

Ballymurn National School, Ballymurn, Enniscorthy, Co Wexford, Y21PR60