Ballymurn National School

Application for enrolment into Autism Class September 2025

Name of Child:		Date of Birth:
Nationality:	PPS Number:	Eircode:
Address:		
Telephone Number(s): Hon	ne:	
Mother's Name:	En	nail:
Father's Name:	Em	ail:
Assessed by:		Date of Assessment:
Diagnosis*:		
Recommendations**:		
Parent/Guardian's Signatur	e(s):	
Date of Application:		
**A recommendation that t required prior to enrolment	f Autism using DSI he child attend an into Ballymurn Na	M V must accompany this enrolment form. Autism class attached to a mainstream school is
The Board of Management	reserves the right	to refuse admission.
Closing date for applic	cations is 2pm	on Wednesday January 15 th 2025
Please post/deliver comple Ballymurn National School,	•	corthy, Co Wexford, Y21PR60
, , ,	l Council for Speci	on a waiting list for a place, their personal data may ial Education for the purposes of planning for the
For school use only: Date a	oplication was rec	eived