



EXPRESSION OF INTEREST FORM 2024/2025

No guarantee of a place is given or implied by the recording of a child's details on the Expression of Interest Listing.

Name of Child (in full, as on Birth Certificate)	
Date of Birth:	
Address (at which child resides)	
Eir-Code	
Country of Birth	Nationality:

Mother's Name:	Father's Name:
Mobile No:	Mobile No:
Email address :	Email address:
Nationality	Nationality

Does your child currently attend a school/unit, if so where	
Years attended	

Please confirm the following

Child will be least 4 years of age on or before the 1st September	Yes / No
Application is fully completed and signed by 1 or both parents/ guardians	Yes / No
You have attached /enclosed a birth certificate for the student.	Yes / No
You have attached /enclosed verification of address by way of utility bill dated within the last 3 months	Yes / No
You have attached /enclosed a psychological assessment (completed not more than 2 years earlier) documenting and confirming diagnosis of Autistic Spectrum Disorder by a clinical psychologist or multi-disciplinary assessment using DSM-5 or ICD-10	Yes / No
The report includes a recommendation for a special school for children with autism & complex needs	Yes / No
Living within a 12 km radius of the school	Yes / No

Parent/ Guardian Signature

Signed	Date
Signed	Date

For Office Use Only:

Date received	
Psychological Report with primary diagnosis of Autism & Complex Needs attached	Yes / No
Recommendation that the child attends a school for children with autism and complex needs	Yes / No
Expression of Interest form is complete/incomplete	Yes / No

Signed	Date
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