



RCN No:20113285

Dunderrow National School

Roll No: 169400

Dunderrow, Kinsale, Co.Cork, P17 K504. Tel: 021 4774041 e-mail: info@dunderrows.ie web: www.dunderrows.ie
Twitter: @DunderrowNS

Principal: Triona Hannon

Deputy Principal: Helen O'Callaghan

EXPRESSION OF INTEREST FORM

(A copy of a recent psychological assessment must be attached to this form)

Child & Family Details

Child's Name		Date of Birth	
Child's Surname		Child's PPSN	

Address: _____

Eircode: _____

Parent 1: Name & Surname

Parent 2 : Name & Surname

Address (if different from child's
address)

Address (if different from child's
address)

Mobile No. _____

Mobile No. _____

Email: _____

Email: _____

Occupation _____

Occupation _____

Nationality _____

Nationality _____

Child's Legal Guardian/s (tick): Both Parents [] Mother [] Father [] Other []

Name (s) of Legal Guardian: _____

(If different to above)

Relationship to child: _____

Is your child currently enrolled in another school? **YES/NO** (please circle as appropriate)

If yes,

(a) please state school's name and date of enrolment:

(b) I consent for Dunderrow NS to contact my child's school:
YES / NO (please circle as appropriate)

Has your child had a psychological assessment? **YES / NO** (please circle as appropriate)

Date of Psychological Assessment Report: _____

(Please note that a copy of the Psychological Assessment must be attached to this form)

I can confirm that my child has a primary diagnosis of Autism, provided by a qualified professional with *a recommendation for ASD specific education/ placement in an ASD class within a mainstream school*

YES / NO (please circle as appropriate)

Signed by: _____ **Date:** _____

FOR OFFICE USE ONLY:

Date received: _____.

Psychological Report with primary diagnosis of Autism attached: _____.

Recommendation that the child attends a school for children with autism and complex needs: _____

Form Complete/Incomplete: _____