



Holy Spirit Junior Primary School

Application Form for Enrolment in Holy Spirit Junior Primary School 2024 - 2025

Child's first name:..... Child's surname:.....

(Names as they appears on Birth Certificate)

Address:

Eircode: Does your child live in the parish of Greenhills? Y / N

D.O.B..... PPSN Gender M / F

Other schools attended (pre school):

Name of sibling in Holy Spirit Junior Primary:

Name of sibling in Holy Spirit Senior Primary:

Application for Admissions to: **Mainstream** **Autism Class**

*Applications for our Autism class **must be accompanied** by a psychological diagnosis of ASD and a recommendation for a placement in an ASD school age class.

Mother's Name: Mobile: Work No.:

Mother's email address:

Father's Name: Mobile: Work No.:

Father's email address:

Has your child undergone an Assessment? Yes No

If yes please give a copy of the report to the Principal

Has your child ever been assessed by an Educational Psychologist, Speech Therapist or Occupational Therapist or has assessment been recommended? Yes No

If yes please give a copy of the report to the Principal

Please attach the following:

1. Applicant's **Original** Birth Certificate – a copy will be retained and original returned.
2. Proof of address i.e. **Utility Bill** stating applicants address and dated within the last **3 months**.

Signed: **Parent(s) / Guardian(s)** **Date:**