

# Mount Sion Primary School

## *An Edmund Rice School*

Barrack Street, Waterford City

Roll No: 19947U

Phone: 051-377947

Email: info@mountsionprimaryschool.ie



### Application Form to enrol a Child into Mount Sion Primary School Autism Class for the 2024/25 school year

This application for a place in an Autism Class must be accompanied by an application for enrolment into Mount Sion Primary School, your child's Birth Certificate, Passport (if child is not born in Ireland), confirmation letter from the SENO and relevant professional reports.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's PPS No: \_\_\_\_\_

Address of Child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Father's Name \_\_\_\_\_ Contact No: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Father's email: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

(If different to child) \_\_\_\_\_  
\_\_\_\_\_

Father's Address: \_\_\_\_\_

(If different to child) \_\_\_\_\_

Please enter the date of your child's most recent psychological assessment: \_\_\_\_\_

This assessment(s) must be attached to this application form. The application will not be considered valid if the report is not attached.

Please read and tick the circles:

- I/we understand that the receipt of an application form does not guarantee that my child will be offered a place
- I/we understand that it is my responsibility to inform the school of any changes of address, email or telephone number
- I/we understand that if I/we have not replied **in writing** to a confirmed offer of a place for my/our child within **7 school days** of that offer being made, I/we will have forfeited my/our child's place on the enrolment list.
- I/we understand that this application only applies to the year specified above – if a place is not offered to my/our child by September of that year, a new application must be completed for the following year.**

I/we \_\_\_\_\_ agree to the terms and conditions of enrolment to Mount Sion Primary School Autism Classes.

**Signed: Parent** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signed: Parent** \_\_\_\_\_

**Date** \_\_\_\_\_

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***For Mount Sion Primary School use only – Please only enter date when the box below is ticked***

***Application date:*** \_\_\_\_\_

***Enrolment year:*** \_\_\_\_\_

***School Principal:*** \_\_\_\_\_

***Mandatory documents have been received and reviewed by Admissions Team***

