



# Holy Family National School

Dunedin Park, Monkstown Farm, Glengageary, Co. Dublin

## ENROLMENT APPLICATION FORM AUTISM CLASSES

Please complete and return to the school for the attention of the Pre-Enrolment Co-ordinator.

**Please write in block capitals.**

### CHILD DETAILS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Sex: M  F

PPS: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Year of Entry: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

### PARENT / GUARDIAN DETAILS

	Parent / Guardian 1	Parent / Guardian 2
Name		
Telephone		
Mobile		
Email		

Address: \_\_\_\_\_

**Autism Class you are seeking a place for :** Horizons Junior (Junior Infants-2<sup>nd</sup> class age)

Horizons Senior (3<sup>rd</sup> class-6<sup>th</sup> class age)

**Current preschool/school (if applicable):** \_\_\_\_\_

### EMERGENCY CONTACT (if different from parents)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Telephone/Mobile:** \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

### CONSENT

I agree that data provided will be used only for enrolment and stored securely (GDPR).

**Required:** Applications **must include NCSE Letter of Recommendation.**

Without this letter, we cannot process the application.

NCSE Letter of Recommendation attached

### SIGNATURES

01 - 2809242 (Tel. & Fax)

[www.holyfamilyschool.ie](http://www.holyfamilyschool.ie)

[holyfamilydunedin@gmail.com](mailto:holyfamilydunedin@gmail.com)

Principal: Margaret Martyn

Deputy Principal: Sinead O'Connell

Roll No. 19840C



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Signed: \_\_\_\_\_  
Parent / Guardian 1

Signed: \_\_\_\_\_  
Parent / Guardian 2

FOR SCHOOL USE ONLY — ACKNOWLEDGED: \_\_\_\_\_