

Appendix 1.



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

Roll No: 20379Q

**APPLICATION FORM FOR ADMISSION- School Year: 2021/2022**

Name of Child (in full, as on Birth Certificate):

\_\_\_\_\_

Address at which child resides:

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

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

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

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

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

Did your child attend preschool: \_\_\_\_\_ For how long: \_\_\_\_\_

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

If yes, please state school's name and date of enrolment:

\_\_\_\_\_

\_\_\_\_\_

Has your child ever had a psychological assessment? Yes \_\_\_\_ **(Please note that a copy of the psychological report must be attached to this form)**

**Please note your application MUST be accompanied by:**

1. A psychological report provided by a qualified professional. (Maximum 2 years old).
2. There must be a recommendation for a school for children with Autism and complex needs together with a diagnosis of Autism.
3. Please note this form is NOT a guarantee of a place or implication of a guarantee of a place

**Office Use Only:**

**Received on (please insert date):**

**Signature:**