



www.steppingstoneschool.ie
01 6856498 Roll No: 20379Q

EXPRESSION OF INTEREST FORM- School Year: 2023/2024

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

Address at which child resides (**Please include EIRCODE**):

Date of Birth: _____

PPS Number: _____

Nationality: _____ Country of Birth: _____

Mother's Nationality: _____ Father's Nationality: _____

Mother's Name: _____ Telephone No: _____

Mother's email: _____

Father's Name: _____ Telephone No: _____

Father's email: _____

Did your child attend preschool: _____ For how long: _____

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

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

Date of your child's most recent psychological assessment: _____

Please tick to confirm you have included:

1. Psychological assessment/report (completed within 2 years prior to enrolment e.g. completed between 1st September 2021 and 1st September 2023)

2. Recommendation on the psychological report for your child to be placed in a special school for children with Autism and complex needs

3. Diagnosis of Autism

(Please note that a copy of the psychological report must be attached to this form)

Note 1: This form is not a guarantee of a place or implication of a guarantee of a place
Note 2: Applications will only be accepted on the basis of a psychological report provided by a qualified professional. (Maximum 2 years old).

Office Use Only:

Received on (please insert date and initials):