



[www.steppingstoneschool.ie](http://www.steppingstoneschool.ie)  
01 6856498 Roll No: 20379Q

**EXPRESSION OF INTEREST FORM- School Year: 2024/2025**

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

\_\_\_\_\_

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

\_\_\_\_\_

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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:

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Date of your child's most recent psychological assessment: \_\_\_\_\_

Please tick to confirm you have included:

- Psychological assessment/report (completed within the last 2 years)
- Recommendation on the psychological report for your child to be placed in a special school for children with Autism and complex needs

**(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).**

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**Office Use Only:**

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

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