

Saint Patrick's Boys' National School

Hollypark, Blackrock, Co. Dublin

Tel: 289 6042 • Email: info@hollyparkbns.ie • www.hollyparkbns.ie

EXPRESSION OF INTEREST – AUTISM CLASS

Dear Parents/Guardians,

Thank you for your interest for enrolment to the Autism Class. All 6 spaces are currently allocated. Please complete this Expression of Interest form, and we will add you to the waiting list.

Applicants for this class, must have a DMV-5 diagnosis of Autism and a Special Class recommendation on a professional report.

For the Board of Management to complete your application process and to comply with our Admission Policy, we need the following details from you:

Ch	ecklist	ŀ
1.	A utility bill addressed in <u>your own name</u> dated within the last 3 months** **A current utility bill includes ESB, gas bill, refuse collection bill, home phone bill etc. Please do not send personal bills, i.e. bank statements, mobile phone bills or insurance forms, etc	L
2.	A copy of your son's official Birth Certificate	
3.	A completed application form (all sections completed)	
4.	Date of birth on application form matching date of birth on certificate	
5.	Other:	
Ple •	ease return the relevant information to St. Patrick's BNS, Hollypark by: Post or	
•	By hand (Letter box to left of front entrance).	
The	e closing date for this information is Friday 24th October 2025 at 2pm.	
	lure to provide the school with the correct details may result in the Expression of Interest being ncelled.	,
Υοι	urs sincerely,	
Pri	O'Donovan ncipal th September 2025	



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ate of Application: Class	: Starting:
Child's First Name:	Child's Surname:
Date of Birth:	PPS No.:
Religion:	Nationality:
Home Address:	
Eircode:	Home phone no:
Language spoken at home:	English Level: None Little Fluent
Does Your Child reside in the Parish of Foxrock? Ye	es No
If no, what Parish does your child reside in?	
Map available on school website. Incorrect submissions i	may result in the Expression of Interest being cancelled.
Parent / Legal Guardian	Parent/ Legal Guardian
Relationship to Child:	Relationship to Child:
Name:	Name
Work Phone No	Work Phone No.
Mobile Phone No:	Mobile Phone No:
Email Address:	Email Address:
Please Print	Please Print
Relevant Medical Information	
(e.g. asthma, allergies, other)	
Relevant Special Needs Information (e.g. Speech Therapy and language assessments, Occu	national and Psychological assessment Reports)
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Brothers in Hollypark BNS:		Class				
		Class				
Sisters in Hollypark GNS:		Class				
		Class				
Previous Montessori / Playschool / School Child attended:						
If one parent has a different address from above, please give details below:						
•	Home Phone No.:					
Address:						
Other schools Applied to: whether or not you have applied for and are awaiting confirmation of an offer of admission from another school or schools, and if so, you must provide details of the other school or schools concerned:						
School:	School:					
Address:	Address:					
Applicants should be aware that Section 66(6) of the Education (Admission to Schools) Act 2018 allows for the sharing of certain information between schools in order to facilitate the efficient admission of students.						
It is the responsibility of the parents / guardians to ensure that all information is correct before submitting:						
I/we declare that the particulars given above are accurate and we will provide the school with any information regarding assessments or reports prior to our son starting in Junior Infants.						
Signatures of Parent / Guardian:	Date	2:				
Office Use Only	In compat Decrees when	Appropriate Day				
Missing Items:	Incorrect Documents:	Approved By:				