



Holy Spirit Junior Primary School

Application Form for Enrolment in Autism Class 2026 - 2027

Child's first name: Child's surname:
(Names as they appear on Birth Certificate)

Address:

Eircode: Does your child live in the parish of Greenhills? Y / N

D.O.B PPSN Gender M / F

Name Other schools attended (pre - school)

Name of sibling in Holy Spirit Junior Primary:

Name of sibling in Holy Spirit Senior Primary:

**Applications for our Autism class must be in line with Paragraph 4 (pages 3 and 4) of our Admission Policy.*

Mother's Name: Mobile: Work No:

Mother's email address:

Father's Name: Mobile: Work No.:

Father's email address:

Has your child undergone an Assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes please give a copy of the report to the Principal</i>		
Has your child ever been assessed by an Educational Psychologist, Speech Therapist or Occupational Therapist or has assessment been recommended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes please give a copy of the report to the Principal</i>		

Please attach the following:

1. Applicant's **Birth Certificate** which will be retained by the school
2. Proof of address i.e. **Utility Bill** stating applicants address and dated within the last **6 months**.

Signed: Parent(s) / Guardian(s) Date:

NOTE:

The school will cease accepting applications for admission on **Tuesday, 10 February 2026 @ 2.30 p.m.** Applications received after this date/time will be processed as a late application.