



RCN No:20113285

**Dunderrow National School**

**Roll No: 169400**

Dunderrow, Kinsale, Co.Cork, P17 K504. Tel: 021 4774041 e-mail: [info@dunderrows.ie](mailto:info@dunderrows.ie) web: [www.dunderrows.ie](http://www.dunderrows.ie)  
Twitter: @DunderrowNS

Principal: Triona Hannon

Deputy Principal: Helen O'Callaghan

## EXPRESSION OF INTEREST FORM

(A copy of a recent psychological assessment must be attached to this form)

### Child & Family Details

Child's Name		Date of Birth	
Child's Surname		Child's PPSN	

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

**Parent 1: Name & Surname**

**Parent 2 : Name & Surname**

\_\_\_\_\_  
Address (if different from child's  
address)

\_\_\_\_\_  
Address (if different from child's  
address)

Mobile No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Landline No \_\_\_\_\_

Landline No \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Nationality \_\_\_\_\_

Nationality \_\_\_\_\_

Child's Legal Guardian/s (tick): Both Parents [ ] Mother [ ] Father [ ] Other [ ]

Name (s) of Legal Guardian: \_\_\_\_\_

(If different to above)

Relationship to child: \_\_\_\_\_

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

If yes,

(a) please state school's name and date of enrolment:

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(b) I consent for Dunderrow NS to contact my child's school:  
**YES / NO** (please circle as appropriate)

Has your child had a psychological assessment? **YES / NO** (please circle as appropriate)

Date of Psychological Assessment Report: \_\_\_\_\_

(Please note that a copy of the Psychological Assessment must be attached to this form)

I can confirm that my child has a primary diagnosis of Autism, provided by a qualified professional with *a recommendation for ASD specific education/ placement in an ASD class within a mainstream school*  
**YES / NO** (please circle as appropriate)

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date received: \_\_\_\_\_.

Psychological Report with primary diagnosis of Autism attached: \_\_\_\_\_.

Recommendation that the child attends a school for children with autism and complex needs: \_\_\_\_\_

Form Complete/Incomplete: \_\_\_\_\_