



Marymount N.S., The Rower,
Roll No. 151606,
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Enrolment Application Form - Autism Class

Enrolment Year 2024 / 2025

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides): _____

Name and class of Sibling(s) currently enrolled: _____

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Please enclose the following documents:

1. A diagnosis from a psychologist, psychiatrist or a member of a multi-disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder without significant intellectual impairment according to DSM IV / V or ICD 10 criteria and a recommendation for a placement in a special class within a mainstream school. If the child also presents with a general learning disability, it must fall within the mild range (this diagnosis must also be made using a professionally recognised clinical and psychological assessment procedure).
2. Birth Certificate

Completion of this form does not guarantee your child a place in the school.
All forms must be completed and returned to school along with relevant documents.

I declare the above information to be correct and understand that it will be treated as confidential. I understand that all information collected by the school is protected by *GDPR* (General Data Protection Regulation) and that it will be used solely for the purpose for which it was collected, in accordance with the school's data protection policy.

Signature 1: _____

Signature 2: _____

Date: _____

Date: _____