



Lynn Road, Mullingar, Co. Westmeath. N91 V5TF
Tel. 044 9384853 Email mullingar@saplings.org Roll No. 20373E
Website www.saplingsmullingar.ie

Expression of Interest Form for Saplings Special School Mullingar 2026/2027

Child's Name: _____

Child's PPS No: _____

Child's Date of Birth _____

Child's Address _____

Parent/Guardian's Name _____

Daytime Contact Number _____

Mobile Phone Number(s) _____

Email Address(es) _____

Educational history to date _____

Has your child been assessed by an Educational Psychologist? _____

If No, please note that Saplings Special School require a formal detailed Psychological Report. Please attach a copy of the most recent report.

Please tick if you agree to Saplings sharing info with the Dept of Education re your child as per the Psychological and Educational report/s.

Yes

☐

No

☐

Parent Signature: _____ **Date:** _____

Received by Principal _____

Date _____