

St. Brendan's Boys P.S. (Roll No - 12370C)



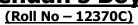
CAIRDEAS CLASS - ENROLMENT APPLICATION FORM

NAME OF CHILD: PPS No:
ADDRESS:

EIRCODE
DATE OF BIRTH:
PARISH IN WHICH APPLICANT RESIDES:
NAME AND CLASS OF SIBLING(S) CURRENTLY ENROLLED:
PREVIOUS SCHOOL/ PRESCHOOL ATTENDED:
PARENT(S)/GUARDIAN(S) DETAILS
NAME:
() PARENT () LEGAL GUARDIAN () CUSTODIAN
ADDRESS:
HOME NO:MOBILE NO:
EMAIL:
NAME:
() PARENT () LEGAL GUARDIAN () CUSTODIAN
ADDRESS:
HOME NO:MOBILE NO:
EMAIL:
DOES YOUR CHILD HAVE AN UP TO DATE EDUCATIONAL PSYCHOLOGICAL ASSESSMENT CONFIRMING A DIAGNOSIS OF ASD: Yes No
DOES YOUR CHILD HAVE A WRITTEN PROFESSIONAL RECOMMEDATION TO ATTEND AN AUTISM UNIT IN A MAINSTREAM SETTING: Yes No



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Please ensure you have enclosed the following with your application:

- Birth Certificate
- Copies of reports confirming a diagnosis of ASD
- Copy of written recommendation to attend an Autism unit in a mainstream setting.
- Any other relevant assessments (e.g. Speech and Language therapy, Occupational therapy, Psychological reports)

I understand that:

• receipt of enrolment application form by the school does not mean that my child will be offered a place in the St.Brendans Primary School ASD (Cairdeas) class.

Signed:		
Parent 1/ Guardian	Date	
Parent 2/ Guardian	Date	