



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 RECOMMENDATION 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 _____