



*Bunscoil Bhreandáin Naofa
Biorra
Co. Uíbh Fháile R42 NW22*

*St. Brendan's P.S.
Birr
Co. Offaly R42 NW22*

Phone 057-9121033



Please ensure you have enclosed the following with your application:

- Birth Certificate
- Address including EIRCODE
- Copies of reports confirming a diagnosis of MGLD
- Copy of written recommendation to attend an MGLD class 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 and expression of interest by the school does not mean that my child will be offered a place in the St.Brendan's Primary School MGLD class.

Signed:

Parent/ Guardian _____ Date _____

Parent/ Guardian _____ Date _____



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MGLD 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 MGLD:

☐

Yes

☐

No

DOES YOUR CHILD HAVE A WRITTEN PROFESSIONAL RECOMMENDATION TO ATTEND
AN MGLD SPECIAL CLASS IN A MAINSTREAM SETTING:

☐

Yes

☐

No