Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Application Form junior ASD class 23-24 St. Brigid’s Infant School**

Office: 01-8348770/ 01-8569760 Home School Liaison: 086-3705773

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| **Pupil’s First Name** |  |
| **Pupil’s Middle Name** |  |
| **Pupil’s Surname**  |  |
| **PPS Number** *we cannot accept an application without a valid PPSN* |  |
| **Date of Birth**  |  |
| **Gender**  | **Male Female** |
| **Address**  |  |
| **Eircode** |  |
| **Contact Email Address**  |  |
| **Mother/Guardian’s Name**  |  |
| **Phone Number**  |  |
| **Father/Guardian’s Name**  |  |
| **Phone Number**  |  |
| **Does your child have a written recommendation for special class placement?** |  |
| **Are any siblings enrolled in this school?** |  |
| **Are any siblings enrolled in St Fergal’s BNS or St Brigid’s Senior GNS?** |  |
| **Name of emergency contact person/s** |  |
| **Relationship to child** |  |
| **Phone Number** |  |

We require THREE contact numbers and all professional reports and letters for a valid application.