

Scoil Bhríde

**Oldtown,
Naas,
Co. Kildare.**

Tel: 045 889562

Roll No. 20114D

21st October 2019

Dear Parents

An official application form is now available for admission to the Special Class for children with ASD (Junior Infants). The fully completed official application form, duly signed and dated must be accompanied by the following and returned to the school by **3pm on Friday 15th November 2019** :

- A professional report which confirms a diagnosis of a qualifying Autism Spectrum Disorder (DSM IV/V or ICD 10)
- A recommendation to attend an ASD class attached to a mainstream school. Such a recommendation cannot be dated more than two years prior to the proposed admission date.
- A letter of acceptance from the clinical support service associated with the pupil's learning challenges.
- Copy of the child's birth certificate
- Proof of address in the form of a utility bill or bank statement in the name of one of the parents which must be dated no later than three months prior to the closing date.

Please refer to Enrolment Policy 2020/2021 which is published on the school website www.scoilbhridenaas.com.

We trust that the above is of assistance to you.

Is mise le meas,

Íde Young

Principal

Scoil Bhríde

e-mail: scoilbhridenaas@eircom.net

Enrolment Application Form – ASD Class (Junior Infants)

Scoil Bhríde

Roll No. 20114D

Oldtown, Naas, Co.Kildare

Tel: 045 889562

*Please complete **both sides** of this form and return to the school. Information on this side will be shared with the Primary Online Database of Department of Education and Skills.*

Pupil Surname: _____ **Pupil Forename:** _____ **Pupil Middle Name:** _____

Birth Cert Surname: _____ **Birth Cert Forename:** _____
(if different from name above) *(if different from name above)*

Pupil Address: _____

Pupil Gender: Male Female

Date of Birth: _____ **PPSN of Pupil:** _____

Nationality: _____ **Country of origin:** *(If family has moved from another country)* _____

Position in Family: *(1st, 2nd etc.)* _____ **Mothers Maiden Name:** _____

Details of other children who are attending Scoil Bhríde:

CHILD'S NAME	CLASS

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes No

To which ethnic or cultural background group does your child belong (please tick one)?
(categories are taken from the Census of Population)

- White Irish Irish Traveller Black or Black Irish-African
Any other White Background Roma Black or Black Irish-Any other Black background
Asian or Asian Irish-Chinese Asian or Asian Irish-Any other Asian background
Other (inc. mixed background) No consent to share with POD

What is your child's religion?

- Roman Catholic Church of Ireland (incl. Protestant) Presbyterian
Methodist, Wesleyan Jewish Muslim/Islamic
Orthodox (Greek, Coptic, Russian) Hindu Buddhist
Apostolic or Pentecostal Jehovah's Witness Lutheran
Atheist Baptist Agnostic
Other Religion No Religion No Consent to share with POD

Health: *(Has your child any medical condition which the school should be made aware of?)*

Special Needs: *(Has your child any special needs which may require extra resources?)*

Please include a copy of any psychological/speech etc. assessment reports when returning this form.

Playschool/Preschool attended *(if any):* _____

Parents/Guardians

Mother's Name: _____ **Occupation:** _____

Father's Name: _____ **Occupation:** _____

Telephone Numbers:

Home: _____ **Work (Mother's)** _____ **(Father's)** _____

Mobile: **Father's** _____ **Mother's** _____

Email Address for school correspondence _____

Other Contact Persons *(Names of two people who may be contacted in an emergency situation)*

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Any other relevant information: _____

I declare that all the information above is correct.

Signatures: _____

Mother

Father

Received by: _____ **Date:** _____ **Ref:** _____

PLEASE RETURN THE FORM TO SCHOOL SECRETARY, SCOIL BHRÍDE. FORM TO BE RETURNED NO LATER THAN **FRIDAY NOVEMBER 15TH 2019 AT 3P.M.**