

# **Scoil Bhríde**

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

**Tel: 045 889562**

**Roll No. 20114D**

21<sup>st</sup> October 2019

Dear Parents

An official application form is now available for admission to the Special Class for children with ASD. 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 15<sup>th</sup> 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](http://www.scoilbhridenaas.com).

We trust that the above is of assistance to you.

Is mise le meas,

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**Íde Young**

**Principal**

**Scoil Bhríde**

**e-mail: [scoilbhridenaas@eircom.net](mailto:scoilbhridenaas@eircom.net)**

# Enrolment Application Form – 2020/2021 (ASD Class)

**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.*

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**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:** *(1<sup>st</sup>, 2<sup>nd</sup> etc.)* \_\_\_\_\_ **Mothers Maiden Name:** \_\_\_\_\_

**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?)*

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

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

**Class Level in which you wish your child to enrol:** \_\_\_\_\_

**Previous School (name and contact details):** \_\_\_\_\_

**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** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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**Any other relevant information:** \_\_\_\_\_

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**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 15<sup>TH</sup> 2019 AT 3P.M.**