

**Enrolment Application Form**

**ASD Class**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pupil’s Details** | | | | | | | | | | | | |
| Pupil’s Name | | | | | | | | | | DOB | | |
| PPSN: | | | | Gender | | | M  F | | | | | |
| Address (at which the applicant resides) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | Eircode | | | |
| Name and class of Sibling(s) **currently** **enrolled** | Name: | | | | | | | | | | Class |  |
| Name: | | | | | | | | | | Class |  |
| Name: | | | | | | | | | | Class |  |
| Younger siblings **not yet in school** | | |  | | | | | | DOB | |  | |
|  | | |  | | | | | | DOB | |  | |
| Parish in which the applicant resides | | |  | | | | | | | | | |
| **Parent(s)/Guardian(s) Details** | | | | | | | | | | | | |
| Name | | | | | Parent  Legal Guardian  Custodian | | | | | | | |
| Address | | | | | | | | | | | | |
|  | | | | | | | | | Eircode | | | |
| Home Tel. | | Mobile | | | | | | Email | | | | |
| **Parent(s)/Guardian(s) Details** | | | | | | | | | | | | |
| Name | | | | | Parent  Legal Guardian  Custodian | | | | | | | |
| Address | | | | |  | | | | | | | |
|  | | | | | | | | | Eircode | | | |
| Home Tel. | | Mobile | | | | | | Email | | | | |
|  | | | | | | | | | | | | |
| Signature 1 | | | | | | Signature 2 | | | | | | |
| Date | | | | | | Date | | | | | | |
| Does your child have any medical problems, known allergies, dietary requirements? Y/N Please specify | | | | | |  | | | | | | |
| Does your child have any physical or emotional difficulties which might affect his/her ability to learn and /or interact with staff and students?  Y/N Please specify | | | | | |  | | | | | | |

Completed enrolment applications must be returned to Shountrade National School no later than March 20th