

**Enrolment Application Form**

**ASD Class**

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| --- |
| **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  | [ ]  [ ]  [ ] ParentLegal GuardianCustodian |
| Address  |
|  | Eircode  |
| Home Tel.  | Mobile  | Email  |
| **Parent(s)/Guardian(s) Details** |
| Name  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ] [ ] ParentLegal GuardianCustodian |
| 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