|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C:\Users\teacher\Pictures\StFergals BNS 2 (1).jpgApplication Form to Special Class for children with Autism** | | | | | | |
| **St Fergal’s BNS – Roll No.: 18137D** |  | | | | | |
| **Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| Office: 01 834 7609/ 086 189 5783 | Home School Liaison: 086 888 7693 | | | | | |
| Email: [info@stfergalsbns.ie](mailto:info@stfergalsbns.ie) | Website: www.stfergalsbns.ie | | | | | |
|  |  | | | | | |
| **Pupils First Name** |  | | | | | |
| **Pupil’s Middle Name** |  | | | | | |
| **Pupil’s Surname** |  | | | | | |
| **PPS Number** (we cannot accept an application without a valid PPSN) |  | | | | | |
| **Date of Birth** |  | | | | | |
| **Gender** |  | | | | | |
| **Address** |  | | | | | |
| **Eircode** |  | | | | | |
| **Contact Email Address** |  | | | | | |
| **Parent 1/Guardian’s Name** |  | | | | | |
| **Phone Number** |  | | | | | |
| **Parent 2/ Guardian’s Name** |  | | | | | |
| **Phone Number** |  | | | | | |
|  |  | | | | | |
| **Are any siblings enrolled in this school ?** | **Yes** |  |  | **No** |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Does your child have a confirmed diagnosis of ASD ?** | **Yes** |  |  | **No** |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Does your child have a written recommendation from a** | **Yes** |  |  | **No** |  |  |
| **certified psychologist for an ASD-Specific special class?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Does your child currently have any siblings enrolled in St** | **Yes** |  |  | **No** |  |  |
| **Brigid’s Infant School or St Brigids’s Senior Girls School ?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Name of Current School** |  | | | | | |
| **Name of Emergency contact person/s** |  | | | | | |
| **Relationship to child** |  | | | | | |
| **Phone Number** |  | | | | | |
| **Please remember to let us know if any of the contact names or phone numbers you have provided change.** | | | | | | |