



Registration Date: \_\_\_\_\_

**St. Brigid's Senior School Application for Admission 2024/2025  
to Special Class For children with Autism**

<b>Child's forename:</b>		<b>Surname:</b>	
<b>Home address</b>			
<b>Eircode</b>			
<b>Email</b>			
<b>Date of birth</b>			
<b>PPSN</b>			
<b>Parent/Guardian</b>			
<b>Contact No</b>			
<b>Email address:</b>			
<b>Parent/Guardian</b>			
<b>Contact No</b>			
<b>Email address</b>			

**\*\* Important – Please keep the school informed if you change phone number**

<b>Does your child have a sibling currently enrolled in our school, St. Brigid's Infant School or St. Fergal's BNS?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, please state sibling's name: _____
<b>I confirm I have enclosed the required documentation with my child's application. Incomplete applications will be returned. I understand that the information provided will be used only for the purpose of the admissions process. It will be restricted to those who require access for processing, i.e. Secretary, Chairperson, Principal, Deputy Principal and independent observer (for lottery). Data will be stored securely for this purpose.</b>  _____ <b>Parent/Guardian signature</b> Date: ____ / ____ / ____	<input type="checkbox"/> Completed application form <input type="checkbox"/> A recent documented and confirmed diagnosis of ASD dated within the last <u>2</u> years <input type="checkbox"/> A written recommendation from a certified psychologist for <u>an ASD-specific education in a special class</u>

*Please remember to let us know if any of the contact names or phone numbers you have provided change.*