Registration Date: _____

St. Brigid's Senior School Application for Admission 2027/2028 to Special Class For children with Autism

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

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

Does your child have a sibling currently enrolled in our school, St. Brigid's Infant School or St. Fergal's BNS?	☐ **Yes** ☐ **No** If yes, please state sibling's name: _____
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.** _____ **Parent/Guardian signature** **Date: _____/_____/_____**	☐ Completed application form ☐ A documented and confirmed diagnosis of Autism. ☐ A written recommendation from a certified psychologist for an Autism-specific education in a special class

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