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| **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  | 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.** |