



Scoil Bhríde, Kilbride, Clonee, Co. Meath, D15 XA32.

Telephone: 01-8210300 Email: info@scoilbhridens.ie

Web: <http://www.scoilbhridens.ie> Roll No.: 168250

Enrolment Form - AS Class 2024-2025

General Information on Child:

First Name:	Surname:
Address:	Eircode:
Nationality:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	PPS Number:

General Information on Parents(s)/Guardian(s):

Parent/Guardian Name (1):	Parent/Guardian Name (2):
Address (if different from child's):	Address (if different from child's):
Mobile No.	Mobile No.
Email:	Email:
Home Phone No.:	Home Phone No.:

Siblings in the school:

Yes

No

Name(s) of sibling(s):

Sibling(s) Class(es):

Details of school most recently attended, if applicable:

School Name:	Telephone No.:
Address:	Eircode:
Email:	
Name of Principal	

Proposed admission date at Scoil Bhríde: _____

CHECKLIST

Have you attached / enclosed with this form:

1. Copy of child's Birth certificate Yes No
2. Copy of a diagnosis of a qualifying autism spectrum disorder (DSM IV/V or ICD 10), made using a professionally recognised clinical and psychological assessment procedure Yes No
3. Copy of a recommendation to attend an AS class, attached to a mainstream school, dated less than two years previous to the proposed admission date Yes No
4. A letter of acceptance from clinical support services associated with your child's learning challenges Yes No
5. Signed the declaration and dated this application form? Yes No

We the undersigned, confirm that the information supplied is correct; confirm that we are aware that the data relating to this application will be kept on file in the school and may be used by the school in the election of Parents/Guardians to the school Board of Management. We are also aware that the data may be disclosed, as appropriate, to:

- The Department of Education & Skills.
- The Health Services.

Signature of Parents / Guardians:

Signed: _____

Date: _____

Signed: _____

Date: _____