



# St. Martin de Porres N.S.



Principal: Ms. Valerie O'Loughlin  
Heatherview Lawn, Aylesbury, D24HF54  
Roll No. 19617W

## APPLICATION FOR ENROLMENT TO ASD CLASS FOR THE SCHOOL YEAR 2021/2022

<b>This is an application form <u>only</u> and does not constitute an offer of a place for pupils with Autism Spectrum Disorder. PLEASE PRINT IN BLOCK CAPITALS</b>				
YEAR FOR ADMISSION		CLASS		
PUPIL'S FIRST NAME		PUPIL'S SURNAME		
DATE OF BIRTH		<u>PPS</u>	<u>MALE</u>	<u>FEMALE</u>
ADDRESS: (PRIMARY RESIDENCE)			<u>EIRCODE</u>	
PARENT 1 NAME		PARENT 2 NAME		
TELEPHONE NUMBER	<u>HOME</u>	<u>MOBILE</u> PARENT 1: PARENT 2:	<u>EMAIL ADDRESS</u>	
ILLNESSES/ALLERGIES				
NAME & ADDRESS OF PREVIOUS SCHOOL / PRE-SCHOOL				
SIBLING(S) IN SCHOOL (BROTHER/SISTER) NAME/CLASS OF SIBLING				

The child's birth certificate (a copy will do), proof of address all other relevant documentation must be supplied with this application.

All of the information you provide on this Application Form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application will be rendered invalid. We reserve the right to use any necessary means to verify proof of primary residence.

Applications to be returned by: \_\_\_\_\_ Places will be offered by: \_\_\_\_\_

### FOR OFFICE USE ONLY

<u>Date received:</u>	<u>Signed (received by):</u>	<u>Birth certificate</u> YES / NO	<u>Reports Enclosed</u> YES / NO
<u>Office</u>		<u>Additional Information:</u>	