

# Scoil Oilibhéir Naofa Junior School

Bettystown, Co Meath A92 H762 Roll No: 20216L

Phone: 041-9887431 Email: [office@bettystownschool.ie](mailto:office@bettystownschool.ie) Web: [www.bettystownschool.ie](http://www.bettystownschool.ie)



Principal – Maria White

Deputy Principal – Sarah Liddy

## ASD APPLICATION FORM FOR SEPTEMBER 2021

Please read School Admissions Policy, available on School Website

[www.bettystownschool.ie](http://www.bettystownschool.ie)

**Your child must be 4 years of age on or before 31<sup>st</sup> March 2021**

**Initial closing date for applications received will be 12 noon on Friday 22<sup>nd</sup> January 2021**

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

Child's Name (as on Birth Cert) \_\_\_\_\_

MALE:  FEMALE:  DATE OF BIRTH: \_\_\_\_\_ PPSN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ LANGUAGES SPOKEN AT HOME: \_\_\_\_\_

PREVIOUS PLAYGROUP : \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S MOBILE \_\_\_\_\_

EMAIL ADDRESS (please print) \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ FATHER'S MOBILE \_\_\_\_\_

EMAIL ADDRESS (please print) \_\_\_\_\_

HAVE YOU OTHER SONS OR DAUGHTERS IN THE SCHOOL: YES  NO

Name & Class of brother or sister in school. \_\_\_\_\_

EMERGENCY NAME & CONTACT (1) (Not parents) \_\_\_\_\_ (Relationship to child, e.g. minder)

EMERGENCY NAME & CONTACT (2) (Not parents) \_\_\_\_\_ (Relationship to child, e.g. minder)

PLEASE ENCLOSE YOUR CHILD'S BIRTH CERTIFICATE

*This enrolment form must be accompanied by a full diagnostic report from a multi-disciplinary team, with a recommendation for ASD class placement.*

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Mother's Signature) (Father's Signature)

For office use only

Date received \_\_\_\_\_

Additional Documentation Received