



ST. ANNE'S SCHOOL

Enrolment Application Form

Pupil's Name: _____

Address (at which the applicant resides): _____

Eircode: _____

Date of Birth: _____ Gender: _____

Year of Entry: _____

Information relevant as part of this application, please tick box as appropriate:

1. Learning Disability

Severe to Profound General Learning Disability -

Moderate to Severe General Learning Disability -

*Mild General Learning Disability with ASD -

*enrolment in exceptional circumstances only

2. Additional Needs/ Diagnosis

Autism Diagnosis –

Physical Disability –

Medical Conditions or other Diagnoses (please state)

3. Psychological report with recommendation for placement in Special School – Y N

Name of Psychologist: _____ Date of assessment report: _____

Name and address of school/preschool currently attending: _____

_____ Phone number _____

4. Parent(s)/Guardian(s) Details:

Name Parents/Guardians: _____

Address if different from above: _____

Contact phone numbers: _____

Email: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Please enclose: Birth Certificate – This will be returned Psychologist report



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