

# St. Teresa's Special School



## Application for Enrolment to St. Teresa's Special School

Application for the year _____			
Child's Forename		Child's Surname	
Address of child:	_____ _____ Eircode _____		
Date of Birth		Age	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Name Parents/Guardian	Mother _____ Father _____		
Parent Contact Address and Eircode			
Mother's Phone Number:		Fathers Phone Number:	
Which class are your applying for ASD Preschool Class <input type="checkbox"/> ASD Junior Class <input type="checkbox"/> ASD Senior Class <input type="checkbox"/> Junior Class Complex Needs class <input type="checkbox"/> Senior Complex Needs Class <input type="checkbox"/>			



**Please Note:**

We require a letter from your Psychologist stating your child's diagnosis, to support your child's Application for Enrolment. We do not require your child's reports until he/she is accepted for enrolment to our school.

If you have any queries please contact the school Principal at 090 9643934