



Application for Admission to Early Intervention ASD Class - School Year 2026-2027

Please note that this form is for application purposes only. Please complete all sections of the form. The information provided will be used to allocate available places in accordance with the School's Admission Policy / Annual Admission Notice: <https://www.rathgaroguens.com>

CHILD'S DETAILS			
Name:		Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		PPS Number:	
Address:		Siblings in the school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state name(s) of sibling(s) and class(s)	
Eircode:			
LEGAL GUARDIANS			
<input type="checkbox"/> Mother	<input type="checkbox"/> Legal Guardian 1 (specify relationship)	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian 2 (specify relationship)
Name:		Name:	
Address: (if different from child's)		Address: (if different from child's)	
Phone Number:		Phone Number:	
Email Address:		Email Address:	

This Application **MUST** be accompanied by your child's birth certificate.

This Application **MUST** include a professional psychological report with a written recommendation for an ASD class placement.

The school will make a copy of the document(s) submitted and will return all of the original documents.

Declaration:

I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/we consent to its use as described.

Mother / Legal Guardian 1 Signature:		Date:
Father / Legal Guardian 2:		Date:

Section below to be completed by the school staff

*Date Application Received	D	D	M	M	Y	Y