*Merlin Woods Primary School*

 Merlin Woods

PRIMARY SCHOOL

*Roll no: 20350P*

*Doughiska Road*

*Galway*

*Phone No 091-761676*

**Expression of Interest Form – ASD Class**

***Please print all details clearly, Thank you.***

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| --- | --- |
| **1. Child’s Name:** | **2. Date of Birth:** **Male \_­­­\_\_ Female \_\_\_** |
| 1. **Address:**
 | **4. Religion:****Place of Baptism (if applicable):** |
| **5. Home phone** | **6. Mobile Phone** | **7. Email address** |
| **8. Parent/Guardian 1:****Any additional phone number:** | **9. Parent/Guardian 2:****Any additional phone number:** |
| **10. Name and address of school/playschool/early intervention services previously attended:** |
| **11. Name of siblings attending this school (if any):**  |
| **12. Does your child have other special needs? Eg learning difficulty, emotional/behavioural disorder** |
| PLEASE NOTE: This is neither an offer nor a guarantee of a place in Merlin Woods Primary School. *I have read the above information and agree that this Application Form does not guarantee my child enrolment at Merlin Woods Primary School* **Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:**  |