*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:** | | |