**Merlin Woods Primary School**

Doughiska Road

Galway H91 D7VH

Tel: (091)761676

Roll No. 20350P

**Expression of Interest Form for Admission – ASD Class**

***Please print all details clearly in BLOCK capitals***

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| --- | --- |
| **1. Child’s Name**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Male \_\_\_\_\_ Female \_\_\_\_\_** | **2. Address** **Eircode**  |
| **3. Date of Birth**  |
| **4. Religion** | **5. Place of Baptism (if applicable)** |
| **6. Home Phone** | **7. Mobile Phone** | **8. Email Address (required)** |
| **9. Details of Parents or Guardians** |
| **Parent/Guardian 1****Any additional phone number** | **Parent/Guardian 2** **Any additional phone number** |
| **10. Names of brothers or sisters in Merlin Woods Primary School (if any):**  |
| **11. Name and address of school/preschool/early intervention services currently attending:** |
| **12. Does your child have other special needs (ie 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | **Signature of Parent/Guardian****Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |