



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

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>I have read the above information and agree that this Application Form does not guarantee my child enrolment at Merlin Woods Primary School.</i> Signature _____		Signature of Parent/Guardian Date _____	