

Application Form

ASD Class

**Saint John Bosco Junior Boys' School,
Navan Road, Dublin 7.**

PLEASE COMPLETE FORM IN BLOCK CAPITALS.

Boy's Name: _____ Date of Birth: _____
(First Name and Surname)

Address: _____

Contact Details:

Mother

Name: _____

Phone number: _____

Email address: _____

Father

Name: _____

Phone number: _____

Email address: _____

Please enclose the following documents:

1. Birth Certificate
2. A diagnosis from a psychologist, psychiatrist or a member of a Multi-Disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder according to DSM-V or ICD 10 criteria and a recommendation for a placement in a special class within a mainstream school.
3. Any other relevant reports – speech and language therapy, occupational therapy, psychological reports etc.

**Completion of this form does not guarantee your son a place in the school.
All forms must be completed and returned to school along with relevant documents.
The address given must be the actual place of residence.**

Signed: _____ (Parent/Guardian) Date: _____