

Scoil Náisiúnta An Dea Aoire

The Good Shepherd National School

Whitehall Road, Churchtown, Dublin 14



01-298 94 75

01-296 02 67

Application for ASD Early Intervention Class 2018-2019

Child's Name:	Male		Fema	ale \square	
Date of Birth://					
P.P.S. Number:					
Parents / Guardians:					
Name: 1)	2)				
Address:					
Phone No: 1)	2)				
Does your child have a diagnosis of Autism?	Yes		No		
Does your child have an additional disability / deve	lopment delay	/ / cognit	ive delay	/Yes□ N	√ 0
If so, does it fall within the mild range or above?					
I have read and understood the attached	d Admissio	ns Poli	icy.		
Signed:					
Relationship to child:					
Date:/					
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For Office use only:					
Date of receipt of completed application form:	_//				





Principal: Órlaith Veale





Roll No: 19939V