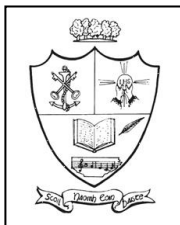


SCOIL NAOMH EOIN BAISTE
 Buachaillí Sóisearacha
 Príomhoide: Fiona Sheridan
 Príomhoide Tánaisteach: Eibhilín McCaughey
 Secretary: Marguerite Cullen/Marie Ralph



ST. JOHN THE BAPTIST
 Junior Boys' School
 Roll No. 19006Q
 School E-mail: info@belgrovejbs.ie
 E-mail: fionasheridan@belgrovejbs.ie
 Telephone: 018336539

APPLICATION FOR ADMISSION
Special class for children on the Autism spectrum
September 2025 only

This is an application form for admission and does not constitute an offer of a place, implied or otherwise.

Details of Pupil

First Name	Surname	Date of birth															
Address: (Primary Residence)		Eircode:															
Parent's Name (Mother <input type="checkbox"/> Father <input type="checkbox"/> tick as appropriate)		Mobile Number															
Parent's Name (Mother <input type="checkbox"/> Father <input type="checkbox"/> tick as appropriate)		Mobile Number															
Email Address for communication: (PLEASE PRINT)																	
<p><i>To ensure your son is recorded in the correct enrolment category, please complete the following:</i></p> <p>Brothers currently in Junior Boys' School:</p> <table style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Class</th> </tr> </thead> <tbody> <tr> <td>1).....</td> <td>.....</td> </tr> <tr> <td>2).....</td> <td>.....</td> </tr> </tbody> </table> <p>Siblings currently in Belgrove Senior Boys', Belgrove Infant Girls' or Belgrove Senior Girls' Schools:</p> <table style="width: 100%;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Class</th> <th style="width: 33%;">School Attending</th> </tr> </thead> <tbody> <tr> <td>1).....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>2).....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table> <p><i>If your son has a parent who is a permanent teacher in any of the four Belgrove schools, please complete</i></p> <p>Name of teacher School</p> <p align="center"><i>You agree to authorise the other school(s) to confirm these details to the Board</i></p>			Name	Class	1).....	2).....	Name	Class	School Attending	1).....	2).....
Name	Class																
1).....																
2).....																
Name	Class	School Attending															
1).....															
2).....															

Completed enrolment forms may be submitted with relevant documentation to The Secretary at the School on and from 6th January, 2025 up to and including 5 p.m. on 31st January 2025.
A confirmation email will be sent to acknowledge receipt of application. If you DO NOT receive a response within SEVEN days please contact the office.

The following items should accompany the application form:

1. An Original Birth Certificate (together with a photocopy) and
2. Hard copies (**not online**) of **Two** of the following showing name and address of the Parents (these must be dated not more than two months prior to the date the application is submitted):
 - (1) Electricity bill
 - (2) Gas bill
 - (3) Landline Telephone bill
 - (4) Original correspondence from the Revenue Commissioners
 - (5) Original or solicitor certified copy of a lease or property registration document in the name of the Parents.

All of the information you provide in this Application Form is taken in good faith. If any of the information is incorrect, misleading or incomplete, then your application may be rendered invalid and any offer made regarding your son will be cancelled (even if you have accepted it).

We reserve the right to use any appropriate means to verify proof of primary residence.

I have read the Enrolment Policy Autism Class as approved by the Patron on 23rd October, 2024 uploaded to the Schools' website. I acknowledge that the only entitlement to an offer of a place is through the application of the criteria and requirements set out in the School Admission Policy. I confirm that all information given in this form and in any accompanying documents is true, accurate and complete. I promise that I will bring any change in any information up to and including 31st January 2025 to the attention of the School in writing as soon as I am aware of the change.

As per circular 0080/2024 prior to application for a place in the autism class, parents/guardians should notify the NCSE before 1 February in the preceding school year, together with the relevant reports. Please refer to the Enrolment Policy.

Parent(s) Signature: _____ Date: _____

_____ Date: _____

Notes:

- ¹ Copy of Enrolment Policy Autism Class is available on request from Secretary's office or on school website www.belgrovejbs.ie

Principal's Signature _____ Date _____

on acknowledgment of receipt