



St. Finian's National School
Glenties Park
Rivermount
Dublin 11

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Tel: (01) 834 1130

St. Finians N.S. Application form for Admission to Autism Class, 2025/2026.

First Name:	Surname:
Date of Birth:	PPS Number:
Address:	
Parent/Guardian:	Parent/Guardian:
Contact Number:	Contact Number:
Email Address:	Email Address:
Emergency contact Number:	

Is your child currently enrolled in St. Finians N.S.	☐ Yes ☐ No If you have answered yes, please sign below and return to the office. If the answer is no, please complete the form below.
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Information of Previous School

Has your child attended a pre-school	☐ Yes ☐ No Name of School:
Has your child attended another primary school?	☐ Yes ☐ No Name of School:
Please attach any reports from previous school	

Does your child have a sibling in the school?	☐ Yes ☐ No Sibling's name:
I confirm I have enclosed the required documentation with my Child's application. Incomplete applications will be returned. I understand that the information provided will be used only for the purpose of the admissions process. It will be restricted to those who require access for processing, i.e. Secretary, Chairperson, Principal, Deputy Principal and independent observer (for lottery). Data will be stored securely for this purpose.	☐ Birth Certificate ☐ Proof of Address ☐ A confirmed diagnosis of Autism from a psychologist or MDT. ☐ A clear recommendation for placement within a Special Class.

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date: