



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

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Tel: (01) 834 1130

St. Finians N.S. Internal 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
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,	☐ A confirmed diagnosis of Autism from a psychologist or MDT (if not previously given to school) ☐ A clear recommendation for placement within a Special Class. ☐ A letter stating eligibility to enrol in a Special Class from SENO.

Deputy Principal and independent observer (for lottery). Data will be stored securely for this purpose.	☐ A completed application form.
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date: