

**Application for Enrolment into EBD Class**

**Child's Details**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

P.P.S. Number: \_\_\_\_\_

**Do you have another child currently attending the school? (If yes, please give details)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous school(s) attended (if applicable):**

\_\_\_\_\_

**Any Other Relevant Information (Health, etc.) :**

\_\_\_\_\_  
\_\_\_\_\_

**Parents' Details**

Mother's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Consent**

I/We wish to apply to have our child enrolled in the EBD Class in Scoil Mhuire na mBraithre, Tralee. I / We consent to having a copy of our child's application / reports discussed and/or shared with other relevant professionals. The purpose of these discussions and/or sharing of documents will be to assist the application process. This has been explained to me / us.

Signed: \_\_\_\_\_ Parent / guardian

\_\_\_\_\_ Parent / guardian

**Please note:** If only one parent has signed, it is the responsibility of that parent to ensure that the other parent is aware of the application.

**Date of application:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Date:** \_\_\_\_\_