



St Angela's College

First Year Enrolment Application to a **Special class** Form **2027**



Please complete in **BLOCK CAPITAL**

STUDENT INFORMATION

Surname: _____ Christian Name: _____ Student PPS No: _____

Address: _____ Post code: _____

Date of Birth: _____

Religion: _____ Nationality: _____ Country of Birth: _____

Parent E-mail address(s): _____

Name and Address of present Primary School: _____

Category 1: Name/s of sister/s currently attending St Angela's College:

1. Name: _____ Date of Birth: _____ Class: _____

2. Name: _____ Date of Birth: _____ Class: _____

Category 2: A sibling of a student who completed their Leaving Certificate in St Angela's College

Name/s of sister/s **previously** in St Angela's College _____ Year of L.C. _____

Name/s of sister/s **previously** in St Angela's College _____ Year of L.C. _____

Category 3: Daughter(s) of a current member of the teaching or ancillary staff of the School

Name of staff member: _____

Category 4: Daughter(s) of past students who completed their Leaving Certificate in St Angela's College

Name of mother **who attended** St Angela's College _____ Year of L.C. _____

(Mother's Maiden name)

PARENT/GUARDIAN DETAILS

Name of Mother: _____ Mobile No: _____

Name of Father: _____ Mobile No: _____

DETAILS OF PROFESSIONAL REPORTS

Professional	Please tick ✓	Author of report	Date of Report
Psychologist			
Visiting Teacher			
Occupational Therapist			
Psychiatrist			
Speech and Language Therapist			
Other, please specify			

SPECIAL CLASS

The special class in St Angela’s College teaches students who have Autism Spectrum Disorder (ASD)

Please ONLY complete if you are applying for the special class.

Where the student is seeking a place in the special class, please provide details of the special educational needs of the student, including an Educational/Clinical Psychologist’s report. The report must include a recommendation for a place in or access to an ASD class.

Does your daughter hold an Irish Exemption? Yes ☐ No ☐

If you answered **YES**, a copy of the exemption granted through the Primary School **must be provided** following an offer and acceptance of a place in St Angela’s College

I **certify** that the above information is correct and I wish to have the above-named child considered for registration in St Angela’s College.

Signature (1) _____ (2) _____ Date: _____

Parent/Guardian

Parent/Guardian

Note: The signature of both Parents/Guardians is required on the application form.

For office use only	Application received	Receipt given/posted