APPLICATION FORM
Saint John Bosco Junior Boys' School
Navan Road Dublin 7.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.

ASD CLASS SEPTEMBER 2025

Boy's Name: _____
(First Name and Surname)

Date of Birth: _____

Address: _____

_____

Eircode: _____

Name of:

(a) Father: _____   (b) Mother: _____

Telephone Number(s):

Father
(a) Home: _____ (b) Work: _____ (c) Mobile:_____

Email address_____

Mother
(a) Home: _____ (b) Work: _____ (c) Mobile:_____

Email address_____

Brother on school campus   Yes ☐ No ☐   Name(s) and Class (es) _____

Sister on school campus   Yes ☐ No ☐   Name(s) and Class (es) _____

Parent is a member of staff in school on campus Yes☐ No☐   School _____

You agree to authorise the other school(s) to confirm these details to the Board

Please enclose the following documents:

1. A diagnosis from a psychologist, psychiatrist or a member of a Multi-Disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder without significant intellectual impairment according to DSM-V or ICD 10 criteria and a recommendation for a placement in a special class within a mainstream school. If the child also presents with a general learning disability, it must fall within the mild range (this diagnosis must also be made using a professionally recognised clinical and psychological assessment procedure)
2. Birth Certificate
3. Recent Proof of Address   (For Boys in Catchment Area)
   Utility Bill/Correspondence Revenue (within 3 months of closing date)

Completion of this form does not guarantee your son a place in the school.
All forms must be completed and returned to school along with relevant documents.
The address given must be the child's actual place of residence.
I declare the above information to be correct and understand that it will be treated as confidential.
I understand that all information collected by the school is protected by GDPR (General Data Protection Regulation) and that it will be used solely for the purpose for which it was collected, in accordance with the school's data protection policy.

Signed: _____ (Parent/Guardian)   Date: _____