



Adamstown Castle Educate Together National School

STUDENT ADMISSION FORM 2026/2027

Support Class for Children with Autism

<i>School Only:</i> Date of Application:	<i>School Only:</i> Date Received:	
Child's Name:	Child's Surname:	
Child's Birth Cert Name:	Mother's maiden name:	
Date of Birth: (date/month/year)	Child's PPS Number:	Gender: Male Female Other
<p>Note: Applicants must be four years of age by the 1st of September of the year of entry and must be no older than 12 years of age by the 31st December of the leaving formal primary education.</p> <p>NB Parents will be required to provide the school with a mandatory letter from the NCSE which is obtained following your completion of the NCSE parents notify online form, before a place can be offered.</p>		
Home Address:		
Name of Parent/Guardian 1:	Contact Number:	Email address:
Name of Parent/Guardian 2:	Contact Number:	Email address:

Office Only: Full Application Enclosed: Assessment Report Enclosed Recommendation for Special Class

Previous School / Pre-school

Name of preschool / previous school:

Address of preschool / previous school:

Phone no. of preschool/previous school:

Enrolment date in last school:

Finish date in last school:

Current class: (please circle) preschool Junior Infants / Senior_infants / 1st 2nd 3rd 4th 5th 6th

Does your child have a sibling in ACETNS: Yes No (Please Circle)

Sibling's Name and Class:

Number of children in the family?

Position in the family?

Did your child have AIM support while in pre-school Yes No (Please Circle)

Did your child receive any extra support while in previous school ? Yes No

If yes, please give details:

Reason for transferring child from previous mainstream school:

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(Please note, where a Parent/Guardian wishes to transfer their child/children from another Primary School, the Principal will make contact with this school prior to the child being enrolled in Adamstown Castle Educate Together National School)

I give permission for ACETNS and previous preschool/school to share information on my child.	Please tick
Any other information:	

Thank you for your cooperation in completing this form.

Signed _____ (parent/guardian 1) Date: _____

Signed _____ (Parents/guardian 2) Date _____