



Ennistymon Community School

Autism Class - Enrolment Form

Year: 2026/2027

Please complete in **BLOCK CAPITALS**

Child Surname : _____ Child First Name : _____

PPS Number: _____

Address:

Home Tel No: _____

Email address of parent : _____

Date of Birth: _____

Religion: _____ Nationality _____

Details of Parent/Guardians

Name of Mother/Guardian 1:

Name of Father/Guardian 2:

Mobile No:

Mothers Maiden Name:

Name and Contact Number in Case of Emergency: _____

Name of Primary/previous school:

Tel No:

Names of brother(s)/sister(s) presently attending Ennistymon Community School, please indicate if a sibling is enrolled in our autism class.

	Name	DOB	Year	Class
1				
2				

Medical History

Admission to Autism Class (0039/2025)

There is now (2025) a revised eligibility criteria for admission to an autism class. All applicants must have a letter from the NCSE confirming that the child is known to them (by notify me (NCSE) on or before 1st October). To enroll in the Autism class your child must have a diagnosis of Autism confirmed by letter from the NCSE and it must be stated that the child has the required diagnosis and they recommend a place in the Autism Class.

Have you included up-to-date psychological assessment with your application?

Yes No

Is your child currently enrolled in an Autism class in Primary School? _____

If No:

Do you have **either** a letter from your service provider **OR** is it stated in a psychological report **stating** that it is essential that your child is enrolled in an Autism class at post-primary school?

Is Ennistymon Community School the closest Autism class to your home?

Yes No _____

Parent/Guardian Signature (1): _____ Date: _____
Parent/Guardian Signature (2): _____ Date: _____

Parent/Guardian 1 (PRINT NAME) _____
Parent/Guardian 2 (PRINT NAME) _____