



**Pre-Admission Form for The Arc ASD Class**

**CHILD INFORMATION**

Child's First Name: ..... Child's Last Name: .....

Date of Birth: ..... PPSN :.....

Note: All applicants must be 4yrs of age on or before the 30<sup>th</sup> of June in year of enrolment .

Gender (please tick): Female Male

Nationality:.....

Previous school/pre-school/early intervention attended, if applicable.

.....

**PARENT/GUARDIAN INFORMATION**

Name 1: .....

Name 2: .....

Address: .....

.....

Phone Numbers: .....

Email : .....

I understand that:

- the receipt of a pre-enrolment form does not guarantee that the child will be offered a place
- it is my responsibility to inform the school of any change of contact details or other relevant circumstances



● if I have not replied to a confirmed offer of a place for my child within 14 days of that offer being made, I will have forfeited my child's place.

**DOCUMENTATION**

Please ensure that all of the following is supplied with the application as otherwise it will not be processed:

- An original Birth Certificate
- A Diagnosis from a psychiatrist, psychologist, or a member of a Multi-Disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder according to DSM-V or ICD 10 criteria and a recommendation for a placement in a special class within a mainstream school.
- Any other relevant reports – speech & language therapy/ occupational therapy and psychological reports

Signed: ..... Date: .....

Please send the completed application form to:

Tullamore ETNS  
Collins Lane  
Tullamore  
Co. Offaly

**For Tullamore Educate Together NS use only**

Receipt of Form Date:

Age..... Original Birth Cert

Area..... Report/Recommendations

Letter of offer sent date: Accepted  Declined:

Principal: Cathy Lyons  
Roll no.: 20189L

Tel: 057 9361190  
[www.tullamoreeducatetogether.ie](http://www.tullamoreeducatetogether.ie)

Collins Lane, Tullamore,  
Co. Offaly



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A full copy of the Enrolment policy may be obtained from the website.