



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 30th 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

Collins Lane, Tullamore,
Co. Offaly



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