



Special School for Children with Autism and Complex Needs

## ABACAS Special School, Kilnamanagh

### Application Form for Admission 2026/2027

<b>Child's forename:</b>		<b>Surname:</b>	
<b>Home address:</b>			
<b>Eircode:</b>			
<b>Date of birth:</b>			
<b>PPSN:</b>			
<b>Parent/Guardian 1:</b>			
<b>Contact No:</b>			
<b>Email address:</b>			
<b>Parent/Guardian 2:</b>			
<b>Contact No:</b>			
<b>Email address:</b>			

**\*\* Important – Please keep the school informed if you change phone number or address\*\***

<p><b>Does your child have a sibling currently enrolled in our school?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, please state sibling's name:</p> <p>_____</p>
<p><b>I confirm I have enclosed the <u>required documentation</u> with my child's application.</b></p> <p><b><u>Incomplete applications will be returned.</u></b></p> <p>I understand that the information provided will be used only for the purpose of the admissions process. It will be restricted to those who require access for processing, i.e. Secretary, Chairperson, Principal, Deputy Principal and independent observer (for lottery). Data will be stored securely for this purpose.</p> <p>_____</p> <p style="text-align: center;"><b>Parent/Guardian signature</b></p> <p><b>Date:</b> ____/____/____</p>	<p><input type="checkbox"/> Completed application form</p> <p><input type="checkbox"/> a copy of the original documented and confirmed diagnosis of ASD.</p> <p><input type="checkbox"/> Eligibility Letter by 1<sup>st</sup> October 2025</p> <p><input type="checkbox"/> 2 proofs of address (utility bill, government correspondence, home insurance policy)</p> <p><input type="checkbox"/> a <u>recent</u> written recommendation from a certified psychologist or an assessment from a multidisciplinary team (including a clinical psychologist/educational psychologist) outlining that an Autism specific special school is <u>required</u> (photocopy will suffice).</p>