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**ABACAS Special School, Kilnamanagh**

**Application Form for Admission 2025/2026**

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| **Child’s forename:** |  | **Surname:** |  |
| **Home address:** |  |
| **Eircode:** |  |
| **Date of birth:**  |  |
| **PPSN:**  |  |
| **Parent/Guardian 1:**  |  |
| **Contact No:**  |  |
| **Email address:**  |  |
| **Parent/Guardian 2:**  |  |
| **Contact No:** |  |
| **Email address:** |  |

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| **Does your child have a sibling currently enrolled in our school?**  | **Yes**  **No** If yes, please state sibling’s name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **I confirm I have enclosed the required documentation with my child’s application.** ***Incomplete applications will be returned.*****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.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parent/Guardian signature****Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**  | * Completed application form
* a copy of the original documented and confirmed diagnosis of ASD.
* a recent written recommendation from a certified psychologist or an assessment from a multidisciplinary team (including a clinical psychologist/educational psychologist) outlining that an ASD-specific education in a special school is required (photocopy will suffice).

**NOTE:** If the child is already attending a special school, a letter from the Principal of the child’s school confirming that the child is a pupil at that school will suffice. |

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