



## **AUTISM CLASS 2026/27**

### **PRE-ENROLMENT APPLICATION FORM**

Complete and return to the school office for the attention of the  
Pre-Enrolment Co-ordinator

**PLEASE WRITE CLEARLY IN BLOCK CAPITAL LETTERS**

CHILD'S SURNAME: \_\_\_\_\_

SEX: M \_\_\_\_\_ F \_\_\_\_\_

CHILD'S FIRST NAME: \_\_\_\_\_

DATE OF BIRTH (DD/MM/YY): \_\_\_\_\_

#### **NAMES OF PARENTS/GUARDIANS**

PARENT/GUARDIAN 1 : \_\_\_\_\_

PARENT/GUARDIAN 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EIRCODE: \_\_\_\_\_

#### **CONTACT NUMBERS**

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME: \_\_\_\_\_

### **NCSE ELIGIBILITY LETTER MUST BE INCLUDED WITH THIS APPLICATION**

Name of school in which child is currently enrolled: \_\_\_\_\_

Current Class: \_\_\_\_\_

Siblings/staff currently enrolled/working in METNS \_\_\_\_\_

I/We are aware of the school's enrolment policy, available at [www.metns.ie](http://www.metns.ie)

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY: PEL APPLICATION DATE \_\_\_\_\_**