Ennis National School
Ashline, Kilrush Road, Ennis, Co. Clare.
V95 DE44
Roll No. 15042A
065 6829158
email: info@ennisns.ie
www.ennisns.ie

Expression of Interest for Enrolment in ASD Class

Child's Surname	
Child's First Name:	
Gender:	
PPS Number:	
Date of Birth:	
Current School / Preschool:	
Address (with Eircode)	
Alternate Address (if applicable)	

Parent / Guardian 1		Parent / Guardian 2	
First Name:		First Name:	
Surname:		Surname:	
Mobile Number:		Mobile Number:	
Email Address:		Email Address:	

(Please include a copy of the following with this form:

1. *NCSE Letter of Eligibility*
2. *The professional report with diagnosis of ASD*

I / we being the parent/guardian of _____ wish to apply to enrol our child in the ASD Class in Ennis National School in the school year _____.

Signed: _____ Parent(s) / Guardian(s)

Date: _____

Privacy Notice – Sharing of Data with the NCSE Please note that if your child is placed on a waiting list for a place in this special class, their personal data may be shared with the National Council for Special Education (NCSE) for the purposes of planning and managing the provision of special education placements, as required under the Education for Persons with Special Educational Needs Act 2004. This may include your child's name, date of birth, PPSN, and relevant information from this application.
Please see our admissions policy on our website. Completed applications forms should be posted/submitted to Principal, Ennis National School, Ashline, Ennis, Co. Clare before February 28th.