



Maynooth Educate Together National School

Railpark, Celbridge Road

Maynooth, Co.Kildare

Roll Number: 20292E

Ph: 01-5054250

secretary@maynoothet.ie

www.maynoothet.ie

## Application Form 2025/2026

- Junior infants must have reached 4 years of age on or before 1<sup>st</sup> of June in the year of admission.
- The child's name recorded on this form must be the same as that on his/her birth certificate.
- Submission of this form does **not** guarantee a place for your child in METNS.
- For Junior Infants, this form must be submitted to the school by **30<sup>th</sup> January 2025**.

### Please complete this form in BLOCK CAPITALS

<b>Mainstream Class Level Enrolling For:</b>		<b>Proposed Commencement Date:</b>	
<b>Are you applying for Autism Class (infants-2<sup>nd</sup> class)? please tick:    Yes                  No</b>			
<b>Senior Autism Class (3rd-6<sup>th</sup> Class)?    please tick:    Yes                  No</b>			
<b>For our Autism classes only</b> , please contact the NCSE Special Educational Needs Officer (SENO) in advance of enrolment to ensure you are eligible for a place under circular 0080/2024.			
<b>Child's First Name:</b>		<b>Child's Middle Name:</b>	<b>Child's Surname:</b>
<b>Date of Birth:</b> D ___ M ___ Y ___		<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Address (including Eircode):</b>			
<b>Parent/Guardian Name 1:</b> _____			
<b>Parent/Guardian Name 2:</b> _____			
<b>Parent/Guardian 1 Ph. Number:</b>		<b>Parent/Guardian 2 Ph. Number:</b>	
<b>Parent/Guardian 1 Email:</b>		<b>Parent/Guardian 2 Email:</b>	
<b>PPSN of child:</b>		<b>Does your child have a medical condition? If so please specify.</b>	
<b>Pre-school attended:</b>		<b>Number of years pre-school attended:</b>	
<b>Do you have any reports or additional information that may be helpful in supporting your child in our school? If yes please specify e.g. Speech and Language, Psychology, OT, medical etc.</b>			
<b>Does your child have a sibling currently attending this school? If yes, please specify name(s) of sibling(s):</b> _____			

I understand, in submitting this application form, that this information may be made available to the Department of Education, in order to plan for school development.

**Signature Parent/Guardian 1:** \_\_\_\_\_ **2.** \_\_\_\_\_

**Date:** DD \_\_\_\_\_ MM \_\_\_\_\_ Y \_\_\_\_\_

**Office use only:** Copy of original birth cert obtained

**Date received :** \_\_\_/\_\_\_/\_\_\_\_\_