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 2026/2027

- Junior infants must have reached 4 years of age on or before 1st 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 **30th January 2026.**

Please complete this form in BLOCK CAPITALS

Mainstream Class Level Enrolling For:	**Proposed Commencement Date:**
Are you applying for Autism Class (infants-2nd class)? please tick: Yes No **Senior Autism Class (3rd-6th Class)?** please tick: Yes No **For our Autism classes only,** 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.	

Child's First Name:	**Child's Middle Name:**	**Child' Surname:**
Date of Birth: D____M_____Y_____	**Gender:** Male □ Female □	
Address (including Eircode):		
Parent/Guardian Name 1: _____ **Parent/Guardian Name 2:** _____		
Parent/Guardian 1 Ph. Number:	**Parent/Guardian 2 Ph. Number:**	
Parent/Guardian 1 Email:	**Parent/Guardian 2 Email:**	
PPSN of child:	**Does your child have a medical condition? If so please specify.**	
Pre-school attended: **Number of years pre-school attended:**	**Current Primary School (Name and address):** **Current Class Level:**	
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.		
Does your child have a sibling currently attending this school? If yes, please specify name(s) of sibling(s):_____		

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 :** ____/_____/_____