abacas+
School for Children with Autism, Drogheda

APPLICATION FORM FOR ADMISSION- ACADEMIC YEAR 2026/2027

This is an Application Form for admission and does not constitute an offer of a place, implied or otherwise	
Completed applications will be accepted from:	05/01/2026
The closing date for receipt of applications is:	26/01/2026

All Application Forms and accompanying documentation should be sent to:	For office use only
Principal Michelle Mc Hugh Drogheda ABACAS Special School Congress Ave, Priest Lane, Drogheda Co. Louth A92TK52	Date received: ____/____/____ School Stamp

Please ensure you return the following documents to the school to complete the application

- An original birth-certificate (together with a copy)
- Recent proof of address (only registered utility bills or bank statements dated within the last three months and in the name of the parents(s) /guardian(s) will be accepted.
- Recent psychological assessment reports if available or a relevant professional confirming and making a clear recommendation which stated that the student has a diagnosis of Autism and Complex needs with a professional recommendation for a special School
- Have a letter from the NCSE confirming that the child meets the requirements for the enrolment to a special school for children with Autism & Complex needs confirming that the child meets the requirements for enrolment to that setting.

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Please complete all sections of the following application using BLOCK CAPITALS
Section 1 CHILD DETAILS

First Name:									
Middle Name									
Surname:									
Child's Address:									
Eircode:									
PPSN:									

Section 2 – DETAILS OF PARENT/GUARDIAN		
This information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addresses to both individuals.		
	Parent/Guardian 1	Parent/Guardian 2
First Name:		
Surname:		
Address:		
Eircode:		
Tel No:		
Email Address:		
Relationship to Child:		

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Section 3 – Student Code Of Behaviour
Please confirm that the Code of Behaviour Policy is acceptable to you as a parent/guardian and you shall make all reasonable efforts to ensure compliance with same by the child if he/she secures a place in the school. Please note that the code of behaviour can be found at https://www.autismsupportlouth.com/school-information-policies/ or by contacting the school on 041 9803366.
Parent/ Guardian 1 I _____ confirm that the Code of Behaviour for the school is acceptable to me as the child's parent/guardian and I shall make all reasonable efforts to ensure compliance by the child if he/she secures a place. **Parent/ Guardian 1** I _____ confirm that the Code of Behaviour for the school is acceptable to me as the child's parent/guardian and I shall make all reasonable efforts to ensure compliance by the child if he/she secures a place.

Section 4 - Data Sharing
Should my child be placed on a waiting list for a place, **Parent/ Guardian 1** I _____consent to the school sharing the details of my child with the National Council for Special Education for the purposes of planning for the provision of special education placements. **Parent/ Guardian 1** I _____consent to the school sharing the details of my child with the National Council for Special Education for the purposes of planning for the provision of special education placements.