



APPLICATION FORM FOR ADMISSION – 2025/26

Applicant/Child's Name: _____

| <i>This is an Application Form for admission and does not constitute an offer of a place, implied or otherwise.</i> | |
|---|------------|
| Completed applications will be accepted from: | 23/10/2024 |
| The closing date for receipt of applications is: | 15/11/2024 |
| The date by which applicants will be notified of the decision on their application is: | 04/12/2024 |
| The period within which applicants must confirm acceptance of an offer of admission is: | 18/12/2024 |

| All Application Forms and accompanying documentation should be sent to: | For office use only |
|---|---|
| Lucan Community National School Balgaddy, Lucan, Co. Dublin. K78 TF76 Or: info@lucancns.ie | Date received: ____/____/____ School Stamp: |

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

- An original long birth-certificate (together with a copy). ***please provide a stamped, self-addressed envelope for return of original certificate**
- If applying for the Special Class, a Relevant Report as detailed in Section 4.

Please tick the Class Group the child is applying to enter:

- | | | | |
|---|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Junior Infants | <input type="checkbox"/> First Class | <input type="checkbox"/> Third Class | <input type="checkbox"/> Fifth Class |
| <input type="checkbox"/> Senior Infants | <input type="checkbox"/> Second Class | <input type="checkbox"/> Fourth Class | <input type="checkbox"/> Sixth Class |

Applicants for Autism Class, please also see Section 4.

| Please complete all sections of the following application using BLOCK CAPITALS | | | | | | | | |
|--|------|--------------------------|--------|--------------------------|------|--|--|--|
| SECTION 1 – CHILD DETAILS | | | | | | | | |
| <i>Details of the young person for whom this application is being made.</i> | | | | | | | | |
| First Name: | | | | | | | | |
| Surname: | | | | | | | | |
| Gender: | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | | | | |
| Child's Address: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Eircode: | | | | | | | | |
| PPSN: | | | | | | | | |
| Date of Birth: | Day | | Month | | Year | | | |
| | | | | | | | | |

| SECTION 2 – DETAILS OF PARENT/GUARDIAN | | |
|--|---------------------|---------------------|
| <i>This information is sought for the purposes of making contact about this application.</i> | | |
| | Parent / Guardian 1 | Parent / Guardian 2 |
| Prefix: (e.g. Mr. / Ms. / Ms. etc.) | | |
| First Name: | | |
| Surname: | | |
| Address: | | |
| | | |
| | | |
| | | |

| | | |
|-------------------------------|--|--|
| | | |
| Eircode: | | |
| Telephone no. | | |
| Email address: | | |
| Relationship to child: | | |

SECTION 3 – STUDENT CODE OF BEHAVIOUR

Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and you shall make all reasonable efforts to ensure compliance with same by the child if s/he secures a place in the school. Please note that the Code of Behaviour can be found at www.lucancns.ie under 'About' and 'School Policies' tab, or from the school office.

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 s/he secures a place in the school.

SECTION 4 – SPECIAL CLASS

The special class in Lucan CNS teaches students who have one or more of the following special educational needs: Autism Spectrum Disorder

Please ONLY complete if you are applying for the special class.

Please confirm if this application is being made for:

The special class only: **OR** The special class and/or the mainstream year group:
(Tick this box if you are applying for a place in the mainstream class even if there are no places in the special class – select relevant class above.)

Where the child is seeking a place in the special class, please provide details below of the special educational needs of the student. Only applications in respect of Children whose needs fall within the category of special educational needs provided for by the Special Class will be considered. In this respect, the school requires that such needs and the related diagnosis of the Student be evidenced and verified in a Relevant Report submitted with this application.

Please note: as per the school's Admission Policy, eligibility for the special class for transfer students, is also subject to there being a place available in the relevant class group.

Details of special educational need:

SECTION 5 - SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

*This information will assist in determining whether the child meets the admission requirements.
The list of questions is in the order of priority as per the Admission Policy for Lucan CNS*

A. If the child currently has any siblings in this school, please indicate their names and current year of study.

| | |
|--------------------|--|
| (i) Name: | |
| Year/Class: | |
| (ii) Name: | |
| Year/Class: | |
| (iii) Name: | |
| Year/Class: | |

B. Please confirm the child's age where the school gives priority to older children.

| Date of Birth: | Day | | Month | | Year | | | |
|----------------|-----|--|-------|--|------|--|--|--|
| | | | | | | | | |

IMPORTANT INFORMATION:

- **You are required to submit:**
An original long birth-certificate (together with a copy).
- **All of the information that you provide in this Application Form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid.**
- **Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.**
- **For information regarding how your data is processed by the school and Lucan CNS, please see information on Enrol link on the website.**
- **Please sign below to demonstrate that you have read and understood this information.**

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

| OFFICE USE ONLY | |
|----------------------------------|--|
| Date Application Received: | |
| Checked by: | |
| Date entered on School Database: | |
| Entered by: | |