



APPLICATION FORM FOR ADMISSION TO THE SPECIAL CLASS (OTHER THAN JUNIOR INFANTS) - 2026/2027

Applicant/Child's Name: _____

<i>This is an application form for admission to a Special Class and does not constitute an offer of a place, implied or otherwise.</i>	
Completed applications will be accepted from:	23/10/2025
The closing date for receipt of applications is:	14/11/2025
The date by which applicants will be notified of the decision on their application is:	03/12/2025
The period within which applicants must confirm acceptance of an offer of admission is:	17/12/2025

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 posting to school.**
- A Relevant Report containing the mandatory elements set out in the Admission Policy.
- Documentation from the NCSE (National Council for Special Education) confirming that the child is known to the NCSE and has the required diagnosis and recommendation for a special class.

Please tick the Class Group the child is applying to enter:			
<input type="checkbox"/> Senior Infants	<input type="checkbox"/> Second Class	<input type="checkbox"/> Fourth Class	<input type="checkbox"/> Sixth Class
<input type="checkbox"/> First Class	<input type="checkbox"/> Third Class	<input type="checkbox"/> Fifth Class	

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. 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 complex/severe educational needs arising from Autism

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

Where the Applicant is seeking a place for the child in the special class, please provide details below of the complex/severe educational need(s) of the child. **A Relevant Report, containing the mandatory elements set out in the Admission Policy, must also be provided to the school with this Application Form so as to be considered for admission to the special class.**

Please note: in addition to the above, 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 mainstream year group.

Please set out the details of the need/s of the child:

SECTION 4A – SELECTION CRITERIA FOR ADMISSION TO THE SPECIAL CLASS IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements for the special class in accordance with the order of priority as set out in the applicable section of Part B of the Admission Policy for Lucan CNS.

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

(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	

B. Please confirm the child's age where the school gives priority to children born on or before 31st March, four years prior to the September of commencing Junior Infants with places offered in order of chronological age, beginning with the oldest.

Date of Birth:	Day		Month		Year			

IMPORTANT INFORMATION:

- **You are required to submit:**
 - (i) An original long birth-certificate (together with a copy).
 - (ii) **A Relevant Report containing the mandatory elements set out in the Admission Policy.**
 - (iii) **Documentation from the NCSE (National Council for Special Education) confirming that the child is known to the NCSE and has the required diagnosis and recommendation for a special class, in addition to a Relevant Report.**
- **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.**
- **Incomplete applications will not be processed by the school, in line with the Admission Policy.**
- **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: