Lucan CNS

Roll No: 20426w

Balgaddy
Lucan
Co. Dublin
K78 TF76

APPLICATION FORM FOR ADMISSION TO THE SPECIAL CLASS (OTHER THAN JUNIOR INFANTS) – 2027/28

Applicant/Child's Name: _____

This is an application form for admission to a Special Class and does not constitute an offer of a place, implied or otherwise.	
Completed applications will be accepted from:	22/10/2026
The closing date for receipt of applications is:	12/11/2026
The date by which applicants will be notified of the decision on their application is:	03/12/2026
The period within which applicants must confirm acceptance of an offer of admission is:	17/12/2026

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:

☐ Senior Infants ☐ Second Class ☐ Fourth Class ☐ Sixth Class

☐ First Class ☐ Third Class ☐ Fifth Class

Please complete all sections of the following application using BLOCK CAPITALS									
SECTION 1 – CHILD DETAILS									
Details of the young person for whom this application is being made.									
First Name:									
Surname:									
Gender:	**Male** ☐ **Female** ☐								
Child's Address:									
Eircode:									
PPSN:									
Date of Birth:	**Day**		**Month**		**Year**				

SECTION 2 – DETAILS OF PARENT/GUARDIAN		
This information is sought for the purposes of making contact about this application.		
	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

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.

	Day		Month		Year			
Date of Birth:								

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: