



APPLICATION FORM FOR ADMISSION – 2021/22

<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:	13/10/2020
The closing date for receipt of applications is:	13/11/2020

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**

Please tick the Class Group(s) 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 |
| <input type="checkbox"/> ASD class | | | |

Where the child is seeking a place in the special class, please provide details of the special educational needs of the student, including an Educational/Clinical Psychologist's report.

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:	<input type="text"/>	<input type="text"/>	
Date of Birth:	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.)	<input type="text"/>	<input type="text"/>
First Name:	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Eircode:	<input type="text"/>	<input type="text"/>
Telephone no.	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>
Relationship to child:	<input type="text"/>	<input type="text"/>

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 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 - 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. Please confirm the child’s age where the school gives priority to older children.

	Day	Month	Year
Date of Birth:			

B. 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:	

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 overleaf.**
- **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: