

**Lucan educate together national school**

Mount Bellew Way, Willsbrook Road, Lucan, Co Dublin K78 C922 Tel: 01 628 1298

**Pre-enrolment FORM for OUTREACH CLass**

**for 2020/2021 School Year only**

**\*Please note that you child must be 5 years of age by the 1st September 2020 to enrol for the 2020/2021 school year**

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| **Child’s Name:** |  | | | | | **Male / Female** | |  |
| **Date of Birth:\*** |  | | | **PPS No:** | |  | | |
| **Parent/Guardian**  **Name:** |  | | | | | | | |
| **Address:** |  | | | | | | | |
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|  | | | | | | | |
| **Telephone:** | **Home:** | | **Work:** | | | | **Mobile:** | |
|  | |  | | | |  | |
| **Email Address** |  | | | | | | | |
| **Last School / Montessori Attended: (Name)** | | | | | **Last Class Attended:** | | | |
| **Last school / Montessori attended – Address:** | |  | | | | | | |

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| **Principal – Last School:** | | **Principal/School Phone Number:** | | |
| **Reason for changing school:** | | | | |
| **Please note that as part of our enrolment procedure we may contact previous schools to obtain reports for transfer purposes.** | | | | |
| **Does your child have a sibling already attending**  **Lucan Educate Together?** | | | **Yes / No** |  |
| **If yes, sibling’s name:** |  | | **Sibling’s current Class** |  |
| **Does your child have a diagnosis of Autism / ASD? support?** | | | **Yes/No** |  |
| **Does your child currently receive Learning / SNA support?** | | | **Yes/No** |  |
| **Does your child have any other identified additional needs?** | | | **Yes/No** |  |
| **If yes, please indicate if you have any of the following reports available. You may be asked to provide reports at a later stage:** | | | **Reports Available**  **Yes/No** | |
| **Psychologist’s Report** | | |  | |
| **Speech & Language Report** | | |  | |
| **Occupational Therapy Report** | | |  | |

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| --- | --- | --- | --- |
| **Are any other family members seeking a place at this time?**  **If so please provide details of:**  **Name**  **Date of Birth**  **Class for 2020/2021** | |  | |
| **Have you read and do you accept the enrolment policy for Lucan Educate Together?** | | **Yes/No** |  |
| **Completed by (Name of Parent/Guardian):** |  | **Date:** |  |