![LETNSLogo[2]]()

 **Lucan educate together national school**

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

 **Pre-enrolment FORM for OUTREACH CLass**

**for 2023/2024 School Year only**

**\*Please note that your child must be 4 years of age by the 31st May 2023 to enrol for the 2023/2024 school year.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name:** |  | **Male / Female** |  |
| **Date of Birth:\*** |  | **PPS No:** |  |
| **Parent/Guardian** **Name:** | (1) | Mobile (1) |  |
| (2) | Mobile (2) |  |
| **Address:** |  |
|  |
|  **Email Address** | (1) (2) |
| **Please indicate which class enrolling for:** | **Junior Infant** |  | **Senior Infant** |  | **1st Class** |  | **2nd Class** |  |
| **3rd Class** |  | **4th Class** |  | **5th Class** |  | **6th Class**  |  |
| **Last School / Montessori Attended:**  | **Last Class Attended:** |
| **Reason for changing school, if any:** |
| **Please note that as part of our enrolment procedure we may contact previous schools to obtain reports.** |

|  |  |  |
| --- | --- | --- |
| **Does your child have a sibling already attending Lucan Educate Together?** | **Yes / No** |  |
| **If yes, sibling’s name:** |  | **Sibling’s current Class** |  |
| **If your child is currently attending school, does your child currently receive Learning / SNA support?** | **Yes / No** |  |
| **Does your child have any other identified additional needs, apart from a diagnosis of ASD?** | **Yes / No** |  |
| **Does your child have a recommendation for an ASD class placement?** | **Yes / No** |  |
| **If yes, please indicate if you have any of the following reports available.**  | **Reports Available****Yes/No** |
| **Educational Psychological Report:**  |  |
| **Speech & Language Report:**  |  |
| **Occupational Therapy Report:**  |  |
| **Are any other family members seeking a place at this time? If so, please provide details of:** |
| **Name:** | **Date of Birth:** |  |
| **Class Level for 2023/2024** |  |
| **Have you read and do you accept the enrolment policy for Lucan Educate Together?** | **Yes/No** |  |
| **Completed by (Name of Parent/Guardian):** |  | **Date:** |  |