

LUCAN EDUCATE TOGETHER NATIONAL SCHOOL

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

PRE-ENROLMENT FORM FOR OUTREACH CLASS FOR 2024/2025 SCHOOL YEAR ONLY

*Please note that your child must be 4 years of age by the 31st May 2024 to enrol for the 2024/2025 school year.

Child's Name:					Male / Fer	male					
Date of Birth:*	PPS N		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	r Infant	1 st Clas			2 nd Class				
	3 rd Class	4 th Cla	ss		5 th Class		6 th 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.											
Is your child verbal or non-verbal ?											
Is your child fully toilet trained?			Y	es /	No						

Does your child have a sik	Fogether?		Yes / No							
f yes, sibling's name:		Sibl	bling'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 2024/2025										
Have you read and do you accept the enrolment policy for Lucan Educate Together?			Yes/No							
Completed by (Name of Parent/Guardian):			Date:							