

**Lucan educate together national school**

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

**Pre-enrolment FORM for Senior infants to 6th Class**

**for 2024/2025 School Year only**

**Section 66(6) of the Education (Admission to Schools) Act 2018 allows for a list of students who have made applications for admission to be shared with a patron or another Board of Management, in order to facilitate the efficient admission of students. The data which may be provided for this purpose may include all or any of the following:**

1. **the date on which an application for admission was received by the school;**
2. **the date on which an offer of admission was made by the school;**
3. **the date on which an offer of admission was accepted by an applicant;**
4. **a student’s personal details including his or her name, address, date of birth and personal public service number (within the meaning of Section 262 of the Social Welfare Consolidation Act 2005)**

**This data may be further shared with the Department of Education for further processing to facilitate the efficient admission of students. This is in accordance with the Minister for Education’s statutory function to ensure that there is made available to each person resident in the State a level and quality of education appropriate to meeting the needs and abilities of that person and to plan and co-ordinate the provision of education in recognised schools, having regard to the resources available.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name:** |  | | | | | **Male / Female:** | | |  |
| **Date of Birth:** |  | | | **PPS No:** | |  | | | |
| **Name of Parent / Guardian:** | |  | | | | | | | |
| **Address:** |  | | | | | | | | |
|  | | | | | | | | |
| **Telephone:** | **Home:** | | **Work:** | | | | **Mobile:** | | |
| **Email Address:** |  | | | | | | | | |
| **Name of Last School Attended:** | | | | | | | | **Last Class Attended:** | |
| **Please indicate the number of years completed in the above school:** | | | | |  | | | | |
| **Name of Principal in Last School:** | | | | | | | | **School Phone Number:** | |
| **Reason for changing school:** | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please provide the most recent school report that you have available for your child. As part of our enrolment procedure, we may contact your child’s previous school(s).** | | | | | | | | | | | |
| **Does your child have any additional / special educational needs?** | | | | | **Yes / No** | | | |  | | |
| **Does your child currently receive: (a) Learning Support?**  **(b) Language Support?** | | | | | **Yes / No** | | | |  | | |
| **Yes / No** | | | |  | | |
| **Is English your child’s first language?** | | | | | **Yes / No** | | | |  | | |
| **If answering “Yes” to any of the above, you may be asked to provide any relevant reports, such as: Psychologist’s Report, Speech & Language Report, Occupational Therapy Report.** | | | | | | | | | | | |
| **Does your child have a sibling already attending Lucan Educate Together?** | | | | | **Yes / No** | | | |  | | |
| **If yes, sibling’s name:** | |  | | | **Sibling’s current Class:** | | | | | |  |
| **Are any other family members seeking a place at this time? If so, please provide details of:** | | | | | | | | | | | |
| **Name of sibling:** | | | **Date of Birth:** | | | **Class for 2024/2025:** | | | | | |
| **Name of sibling:** | | | **Date of Birth:** | | | **Class for 2024/25:** | | | | | |
| **Have you read and do you accept the Admissions Policy for Lucan Educate Together?** | | | | | | | | **Yes / No** | |  | |
| **Completed by:** |  | | | **Date:** | | |  | | | | |