



Le Chéile Secondary School



# Le Chéile Secondary School, Tyrrelstown APPLICATION FORM School Year 2015/2016

**Student Details:** (Please use block capitals)

<b>Surname</b>			
<b>First Name(s)</b>		<b>Male or Female</b>	
<b>Home Address</b>			
<b>Date of Birth</b>		<b>Country of Birth</b>	
<b>PPS Number</b>		<b>Religion</b>	
<b>Current Primary School</b>			<b>Class</b>
<b>Other Primary Schools (if any)</b>			

**Parent/Guardian Details:**

<b>Father/Guardian</b> <i>(Delete whichever doesn't apply)</i>		<b>Mother/Guardian</b> <i>(Delete whichever doesn't apply)</i>	
<b>Surname</b>			
<b>First Name</b>			
<b>Mother's Maiden Name</b>			
<b>Home Address</b>			
<b>Contact Tel. Numbers</b>			
<b>Email Address</b>			

<b>Emergency Contact Details</b>	<b>Name:</b> <b>Relationship to student:</b> <b>Address:</b>  <b>Telephone:</b>
	<b>Custody Details (if necessary for the school to be aware of particular arrangements)</b>
<b>Should my child received a place in the school I give permission/do not give permission for his/her photograph to be used on any media associated with the school, e.g. website, local newspapers, etc. (Delete as appropriate)</b>	

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**Educational Details:**

Has the student been granted an exemption from the study of Irish? <i>(Please tick the appropriate box)</i>	YES	NO
If YES, please give the reason:		
Has the student received Learning Support at Primary School? <i>(Please tick the appropriate box)</i>	YES	NO
If YES, please give details:		
Has the student had a Psychological Assessment? <i>(Please tick the appropriate box)</i>	YES	NO
If YES, is the psychological report available? <i>(Please tick the appropriate box)</i>	YES	NO
Has the student been granted Resource Teaching Hours by the National Council for Special Education (NCSE)? <i>(Please tick the appropriate box)</i>	YES	NO
Has the student had the services of a Special Needs Assistant (SNA) at Primary School? <i>(Please tick the appropriate box)</i>	YES	NO

**Medical Details:**

<b>Family Doctor's Name</b>		
<b>Doctor's Practice Address</b>		
<b>Doctor's Contact No.</b>		
Does the student require glasses? <i>(Please tick the appropriate box)</i>	YES	NO
Does the student have any hearing difficulties? <i>(Please tick the appropriate box)</i>	YES	NO

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Does the student have any medical condition** that might affect schooling and require attention while at school?  <i>(Please tick the appropriate box)</i>	YES	NO
<i>**For example: anaphylaxis, asthma, diabetes, epilepsy, or any chronic illness or ailment</i>		
If YES, please give details:		

**Signature of Parent/Guardian:**

Signed: \_\_\_\_\_(Parent/Guardian)

Signed: \_\_\_\_\_(Parent/Guardian)

Date: \_\_\_\_\_

**Please send the completed Application Form to:**

**Dr. Áine Moran  
Le Chéile Secondary School  
Mill Road  
Blanchardstown  
Dublin 15**

**Applications accepted from 15<sup>th</sup> October 2014  
Closing Date: 29<sup>th</sup> October 2014 at 4pm**

**Please note:**

1. This application will be processed under the terms of the school's Enrolment Policy which is available on the website [www.lecheilesecondaryschool.ie](http://www.lecheilesecondaryschool.ie) or from the school office at 018227181 between 8.30am and 12.30pm by e mail from [a.moran@lecheilesecondaryschool.ie](mailto:a.moran@lecheilesecondaryschool.ie)
2. Submission of an application form does not guarantee a place in Le Chéile Secondary School.
3. Places in the school will be offered in writing within 21 days of the closing date for applications. When a place is offered, parents/guardians will be asked to confirm in writing their acceptance of the place. If the place is not accepted by the date specified in the letter of offer, the offer may be withdrawn.
4. Further information and documentation may be required by the school when places have been offered and accepted. The student's primary school may be contacted.

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