



Le Chéile Secondary School

**Le Chéile Secondary School,
Tyrrelstown**

**Open Night
October 8th 2015
6pm – 8pm**

**APPLICATION FORM
School Year 2016/2017**

Student Details:

(Please use block capitals)

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

Parent/Guardian Details:

	Father/Guardian <i>(Delete whichever doesn't apply)</i>	Mother/Guardian <i>(Delete whichever doesn't apply)</i>
Surname		
First Name		
Home Address		
Contact		

Tel. Numbers		
Email Address		
Emergency Contact Details <i>(other than parents e.g. family, neighbour)</i>	Name: Relationship to student: Address: Telephone:	

Educational Details:

Has the student been granted an exemption from the study of Irish? <i>(Please tick the appropriate box)</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give the reason:		
Has the student received Learning Support at Primary School? <i>(Please tick the appropriate box)</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give details:		
Has the student had a Psychological Assessment? <i>(Please tick the appropriate box)</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
If YES, is the psychological report available? <i>(Please tick the appropriate box)</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
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
	<input type="checkbox"/>	<input type="checkbox"/>
Has the student had the services of a Special Needs Assistant (SNA) at Primary School? <i>(Please tick the appropriate box)</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Medical Details:

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

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 Aine Moran
Principal
Le Cheile Secondary School
Mill Road
Blanchardstown
Dublin 15**

Closing Date: October 23rd 2015.

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 or from the Le Chéile Secondary School, Tel: 01 - 8227181 or by e mail from drmoran@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.**