

Parent/Guardian Signatures:

Signed: _____

Date: _____

Please send the completed Application Form by **3.30pm Thursday 22nd October** to:

**Ms Leona Harrington
Principal
Le Chéile Secondary School
Hollystown Road
Tyrrelstown, Dublin 15**

Please mark the envelope ADMISSION 2021/22

Please note:

1. *This application will be processed under the terms of the school's Admissions Policy 2021/22 which is available on the website www.lecheilesecondaryschool.ie or from Le Chéile Secondary School, Hollystown Road, Tyrrelstown, Dublin 15*
2. *Submission of an application form does not guarantee a place in Le Chéile Secondary School.*
3. *Further information and documentation may be required by the school when places have been offered and accepted.*

**Le Chéile Secondary School
Hollystown Road
Tyrrelstown, Dublin15
Phone: 01 8227181
Website: www.lecheilesecondaryschool.ie**



Le Chéile Secondary School

Welcome - Wisdom - Witness

APPLICATION FORM

School Year 2021/2022

Our Shared Purpose

The Le Chéile Secondary School Community is here to:

Welcome all people and all experiences

To grow in Wisdom

And to bear witness to the Glory of God by being

FULLY ALIVE



Application Form for Entry into First Year for 2021/2022

Hollystown Road,
Tyrellstown, Dublin 15
Tel: (01) 8227181
Email: admin@lecheilesecondaryschool.ie
Web: www.lecheilesecondaryschool.ie



Le Chéile
Secondary School

Completed forms must be received between October 1st and October 22nd by 3.30pm.
Applications received after October 22nd at 3.30pm will be treated as late applications.
Completion of this application does not guarantee admission.
The information requested on this form is required. The legal basis for the questions contained in this form is specified in our Admissions Policy. All of the information that you provide on this application will be treated confidentially.

Please complete this form in BLOCK CAPITALS

Student's Personal Details

Surname:	First name/s:
Address:	
Date of Birth:	Place of Birth:
Student's name as it appears on birth certificate:	

School that the student is currently attending:

School Name & Address: _____ Tel No: _____ For entry into 1 st Year I confirm that this applicant is currently in 6 th class in primary school and will complete 6 th class in June 2021 Yes [] No []
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FOR OFFICE USE: Date & time received & by whom (initials):

Parent /Guardian Details:

PLEASE ENSURE THAT YOU PROVIDE A WORKING EMAIL ADDRESS AND MOBILE PHONE NUMBER AS MOST COMMUNICATION WILL BE BY EMAIL OR TEXT

Surname: _____	Surname: _____
First Name: _____	First Name: _____
Relationship to Student: _____	Relationship to Student: _____
Tel (home): _____	Tel (home): _____
Mobile Nr: _____	Mobile Nr: _____
Email Address: _____	Email Address: _____
Postal Address: _____	Postal Address: _____
_____	_____

Prior links with Le Chéile Secondary School (if any)	Name/s	Years attended
Has the applicant any siblings currently in Le Chéile Secondary School ?		

PLEASE READ:

I/we confirm that all of the information supplied is complete and correct. []

Signature/s of Parent/s or Guardian/s: _____ Date: _____

Any personal data provided on this form will be used to (i) identify a student and communicate with their parents/guardians (ii) process an application in line with the school's admissions criteria (iii) confirm the offer of a place where an application is successful. The information will be retained for an appropriate period thereafter to address any potential queries arising from the application process (or added to the student's school file in the case of successful applicants).