

*Parent/Guardian Signatures:*

Signed: \_\_\_\_\_

\_\_\_\_\_

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

Please send the completed Application Form by **3.30pm Tuesday 25th October** to:

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

**Please mark the envelope **ADMISSION 2023 / 24****

**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 Le Chéile Secondary School, Tel: 01 - 8227181*
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 If the place is not accepted by the date specified in the letter of offer, the offer may be withdrawn.*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.*

**Please include the following with your application:**

- Copy of Birthcert
- Proof of Address
- School Report

*The school office will not be able to photocopy reports or documents. Originals will not be accepted.*

**Le Chéile Secondary School**

**Hollystown Road**

**Tyrrelstown, Dublin15**

**Phone: 01 822 7181**

**Website: [www.lecheilesecondaryschool.ie](http://www.lecheilesecondaryschool.ie)**



**Le Chéile Secondary School**

*Welcome - Wisdom - Witness*

# APPLICATION FORM

## School Year 2023/2024

### *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*



Le Chéile  
Secondary School

# Application Form for Entry into First Year for 2023/2024

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 4th and October 25th by 3.30pm**  
Applications received after October 25th 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 indicate if you are applying for a place in the Mainstream or ASD Unit:

Mainstream  ASD Unit

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: _____<br>_____   |
| Tel No: _____   |
| For entry into 1 <sup>st</sup> Year I confirm that this applicant is currently in 6 <sup>th</sup> class in primary school and will complete 6 <sup>th</sup> class in June 2022 Yes [ ] No [ ] |

**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: _____<br>_____ | Postal Address: _____<br>_____ |

### Prior links with Le Chéile Secondary School (if any)

|  | Name/s | Class and Year Group |
|--|--------|----------------------|
| 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).*