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 2027 / 28

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*
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 If the place is not accepted by the date specified in the letter of offer, the offer may be withdrawn.*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

Le Chéile Secondary School

Welcome - Wisdom - Witness

APPLICATION FORM

School Year 2027/2028

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 2027/2028

Le Chéile Secondary School

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

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 indicate if you are applying for a place in the Mainstream or ASD Unit:

Mainstream ☐ ASD Unit ☐

Applications for the ASD unit must be accompanied by a professional report with an ASD class recommendation & a letter from the NCSE confirming that your child is known to them and that they have the required diagnosis and recommendation for a special class for Autism.

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 1st Year I confirm that this applicant is currently in 6th class in primary school and will complete 6th class in June 2027. Yes [ ] No [ ]

FOR OFFICE USE: Date & time received & by whom (initials):

Le Chéile Secondary School

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**	**Class and Year Group**
Has the applicant any siblings currently in Le Chéile Secondary School ?		
Has the applicant any siblings who attended Le Chéile Secondary School in the past?		

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).