**APPLICATION FORM FOR ADMISSION – 2023/2024**

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| ***This is an Application Form for admission and does not constitute***  ***an offer of a place, implied or otherwise.*** | |
| Completed applications will be accepted from: |  |
| The closing date for receipt of applications is: |  |

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| **All Application Forms and accompanying documentation should be sent to:** | **For office use only** |
| Tallaght CNS,  Kilclare Avenue,  Jobstown,  Tallaght  Dublin 24  **Or**: info@tallaghtcns.ie | Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_  School Stamp: |

**Please ensure you return the following documents to the school to complete the application:**

An original long birth-certificate (together with a copy).

**\*please provide a stamped, self-addressed envelope for return of original certificate**

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| **Please tick the Class Group(s) the child is applying to enter:**  Junior Infants First Class Third Class Fifth Class  Senior Infants Second Class Fourth Class Sixth Class  ASD class  Where the child is seeking a place in the special class, please provide details of the special educational needs of the student, including an Educational/Clinical Psychologist’s report. |

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| Please complete all sections of the following application using BLOCK CAPITALS | | | | | | | | | | | | |
| SECTION 1 – CHILD DETAILS | | | | | | | | | | | | |
| *Details of the young person for whom this application is being made.* | | | | | | | | | | | | |
| First Name: |  | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | |
| Gender: | **Male Female** | | | | | | | | | | | |
| Child’s Address: |  | | | | | | | | | | | |
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|  | | | | | | | | | | | |
| Eircode: |  | | | | | | | | | | | |
| PPSN: |  |  |  |  |  |  | |  | |  | |  |
| Date of Birth: | **Day** | | **Month** | | **Year** | | | | | | | |
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| SECTION 2 – DETAILS OF PARENT/GUARDIAN | | |
| *This information is sought for the purposes of making contact about this application.* | | |
|  | **Parent / Guardian 1** | **Parent / Guardian 2** |
| Prefix: (*e.g.* Mr. / Ms. / Ms. *etc*.) |  |  |
| First Name: |  |  |
| Surname: |  |  |
| Address: |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Eircode: |  |  |
| Telephone no. |  |  |
| Email address: |  |  |
| Relationship to child: |  |  |

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| **IMPORTANT INFORMATION:**   * **You are required to submit:**   An original long birth-certificate (together with a copy).   * **All of the information that you provide in this Application Form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid.** * **Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.** * **For information regarding how your data is processed by the school and Tallaght CNS, please see overleaf.**      * **Please sign below to demonstrate that you have read and understood this information.** |

**(Parent / Guardian 1) (Date)**

**(Parent / Guardian 2) (Date)**

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| **OFFICE USE ONLY** |
| **Date Application Received:** |
| **Checked by:** |
| **Date entered on School Database:** |
| **Entered by:** |