

Cover Sheet for Admissions Application Form for First Year 2026-2027. Applications must be complete in order to be processed.

Name of Student Applicant:	
Email contact for parent/guardians (we will use this email address to email a receipt for the completed application form)	
Address:	
Primary School:	
Name of Sibling(s) who attended Coláiste De Lacy (if any):	

Important Dates re. Enrolment 2026-27					
Enrolment Opens	9am on 1st October 2025				
Enrolment Closes	12pm on 22 nd October 2025				
Letters of Offer (Round 1) will be posted	By 11 th November 2025				
Offers must be accepted by	3pm on 25 th November 2025				
Letters of Offer (Round 2) will be posted	Week beginning 1st December 2025				
Subsequent Rounds of Offer may follow. Please note that the office will be closed during midterm break (27th – 31st October 2025). It will reopen on Monday 3rd November 2025.					





COLÁISTE DE LACY

APPLICATION FORM FOR ADMISSION TO FIRST YEAR - 2026/2027

place, implied or otherwise. Use of the w not imply that the person on whose be	n to First Year and does not constitute an offer of a ord 'student' throughout this Application Form does half this application is being made is regarded as a l as a student of Coláiste De Lacy.
Completed applications will be accepted fr	om: 09:00am on 01/10/2025
The closing date for receipt of applications	is: 12:00pm on 22/10/2025
All Application Forms and accompanying should be sent to:	documentation For office use only
The Principal Coláiste De Lacy, Ashbourne Education Campus, Ashbourne, Co Meath A84 TW90	Date received://
Please ensure you attach the following doc	erred utility bills for the address dated within the last
three months and in the name of the	e parent(s)/guardian(s) will be accepted). evant Report completed within the previous 24 months,
1 1	umentation from the NCSE (National Council for Special ent is known to the NCSE and has the required diagnosis ass.

Please complete all sections of the following application using BLOCK CAPITALS										
SECTION 1 - PROSPECTIVE STUDENT DETAILS										
Details (of the y	oung per	rson for v	vhom thi	is app	lica	ition is be	eing mad	le.	
First Name:										
Middle Name:										
Surname:										
Student Address:										
Eircode:										
PPSN:										
	SEC	TION 2 –	DETAILS	OF PAR	ENT/	GU	ARDIAN			
This section is <u>NOT</u> red school to communicd with the student. T application. If more th	ate with The info nan one	his/her rmation name is	parent/g is sough	uardian t for the it the add	abou purpo dress	t th oses is tl	is applica of maki he same,	ation ins ng conta	tead of a ct about	irectly this
	Parent / Guardian 1				Parent / Guardian 2					
Prefix: (<i>e.g.,</i> Mr. / Ms. / Ms. <i>etc</i> .)										
First Name:										
Surname:										
Address:										
Eircode:										
Telephone no										

Email address:	
Relationship to student:	

SECTION 3 – STUDENT CODE OF BEHAVIOUR
Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and
that you shall make all reasonable efforts to ensure compliance of same by the student if s/he
secures a place in the school. Please note that the Code of Behaviour can be found at
<u>www.colaistedelacy.ie</u> or from the school office.
I confirm that the Code of Behaviour for the
school is acceptable to me as the student's parent/guardian and I shall make all reasonable
efforts to ensure compliance by the student if s/he secures a place in the school.

SECTION 4 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements for the mainstream year group, in accordance with the order of priority as set out in the applicable section of Part B of the Admission Policy for Coláiste De Lacy.

A. Please confirm the student's address for the purpose of determining whether s/he resides in the catchment area. Please note that recent proof of address will be required in support of this. (Only registered utility bills for the address, dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.)			
Address:			
Eircode:			

B. If the stu	dent has previously had any siblings in this school, please indicate their names
and year	s of attendance.
(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	
(iv) Name:	
Year:	
C. Please pr	ovide details of the primary school(s) attended by the student.
School name:	
School Roll N°:	
School address:	
School name:	
School Roll N°:	
School address:	

SECTION 6 – SPECIAL CLASS	
The special class in Coláiste De Lacy teaches students who have complex/severe ed arising from a diagnosis of Autism/Autistic Spectrum Disorders. Please <u>ONLY</u> complete if you are applying for the special class.	lucational needs
Please confirm if this application is being made for:	
The special class only: OR The special class and/or the mainstream year (Tick this box if you are applying for a place in class even if there are no places in the special	the mainstream
Where the student is seeking a place in the special class, please provide deta complex/severe educational need(s) of the student. A Relevant Report, containing elements set out in the Admission Policy, completed within the last 24 month provided to the school with this Application Form so as to be considered for a special class. If the student has been in a special class in primary school, the Relev required to have been completed within the last 24 months.	g the mandatory ns, must also be admission to the
Please set out the details of complex/severe special educational need/s of the Stud	lent:

SECTION 6A – SELECTION CRITERIA FOR ADMISSION TO THE SPECIAL CLASS IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements for the special class in accordance with the order of priority as set out in the applicable section of Part B of the Admission Policy for Coláiste De Lacy.

Please ONLY complete if you are applying for the special class.

A. If the student has previously had any siblings in this school, please indicate their names and years of attendance.				
(i) Name:				
Year:				
(ii) Name:				
Year:				
(iii) Name:				
Year:				
(iv) Name:				
Year:				
B. Please confirm the student's address for the purpose of determining whether s/he resides in the catchment area. Please note that recent proof of address will be required in support of this. (Only registered utility bills for the address, dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.)				
Address:				

IMPORTANT INFORMATION:

- You are required to submit:
 - Recent proof of address two distinct registered utility bills in relation to the address, dated within the last three months and in the name of the parent(s)/guardian(s).
 - 2. If applying for the Special Class, a Relevant Report completed within the applicable timeframe, containing the mandatory elements set out in the Admission Policy.
 - 3. If applying for the Special Class, documentation from the NCSE (National Council for Special Education), confirming that the child is known to the NCSE and has the required diagnosis and recommendation for a Special Class, in addition to a Relevant Report.
- 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.
- Incomplete applications will not be processed by the school, in line with the Admissions Policy.
- Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.
- Please read the Admissions Policy before submission of this form
- Please read the Code of Conduct before submission of this form. It is also advisable to read the associated school policies such as the Uniform Code, Acceptable Usage Policy, Mobile Phone Policy...etc. These policies are on www.colaistedelacy.ie.
- For information regarding how your data is processed by the school and LMETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

NOTE: Should the student receive a place in Coláiste De Lacy, there is no guarantee that the student will be assigned his/her selected subject choice due to resource issues and/or restrictions on the numbers of students per class.

(Parent / Guardian 1)	(Date)
(Parent / Guardian 2)	(Date)
(Student [where over 18])	(Date)

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

DATA PROTECTION

The Board of Management of Coláiste De Lacy is a committee of LMETB, Administrative Offices, Abbey Road, Navan, Co Meath, which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for LMETB is Nicola Horgan and can be contacted at LMETB, Administrative Offices, Abbey Road, Navan, Co Meath, 046 9068200 or by emailing dataprotection@lmetb.ie.

The personal data supplied on this Application Form and the accompanying documentation sought is required for the purpose of:

- Verification of identity and date of birth;
- Verification and assessment of admission criteria;
- Allocation of teachers and resources to the school; and
- School administration,

all of which are tasks carried out pursuant to various statutory duties to which LMETB is subject.

Failure to provide the requested information may result in the application being deemed invalid and an offer of a place may not be made.

The personal data disclosed in, or as part of, this Application Form may be communicated internally within LMETB and externally with the NCSE and/or NEPS for the purpose of determining the applicability of the selection criteria and/or allocating places in special classes, and possibly with the patron or board of management of other schools, in order to facilitate the efficient admission of students, pursuant to section 66(6) of the Education Act 1998 as inserted by section 9 of the (Admissions to Schools) Act 2018. It may also be shared with Tusla Education Support Services for the purpose of assisting the student with education and training opportunities, in line with section 28 of the Education (Welfare) Act 2000.

The personal data provided in this Application Form will be kept for 7 years from the date on which the student turns 18 years of age, unless there is a statutory requirement to retain some or all elements of the data for a further period or indefinitely, in line with LMETB's Data Retention Policy, which can be found at www.lmetb.ie.

A copy of the full LMETB Data Protection Policy is available at www.colaistedelay.ie or from the school office.

Any person who provides personal data through this Application Form has a right to request access to that data and to request the changing of any information if it is factually incorrect. A request for erasure of the data can also be made by or on behalf of the data subject but this will only be acceded to where the data is no longer necessary for the purpose for which it was collected and where LMETB does not have a legal basis for retaining it.

If you as a data subject have any complaints regarding the processing of your personal data, you have the right to lodge a complaint with the Data Protection Commission.