Cover Sheet for Admissions Application Form for Special Class (2nd to 6th year) 2027-2028. Applications must be complete to be processed. Please complete using block capitals.

Name of child *(First name, surname)*	
Current address *(including Eircode)*	
Name of post-primary school ***currently attending***	
Name of sibling(s) who currently attends school *(include year group(s))*	
Name of sibling(s) who previously attended CDL *(include years attended)*	
Email for parent/guardian *(print clearly, for email receipt of application)*	

Please note:

This application form is for use when applying for admission to the Special Class (Solas Centre) (2nd – 6th year) during the **next school year**, i.e., the 2027-2028 academic year.

Transfer applications for the special class for the next academic year i.e., the 2027-2028 academic year will be accepted from 09:00 am on 1st October 2026 to 12:00 pm on 22nd October 2026. All applications received after that date will be considered as late.

There is no guarantee of subjects/levels/programmes if an application is successful.

COLÁISTE DE LACY

APPLICATION FORM FOR ADMISSION TO THE SPECIAL CLASS (2nd – 6th Year) 2027/2028

This is an application form for students seeking admission to a Special Class (other than First Year) and does not constitute an offer of a place, implied or otherwise. Use of the word 'student' throughout this Application Form does not imply that the person on whose behalf this application is being made is regarded as a having been accepted as a student of Coláiste De Lacy.	
Completed applications will be accepted from:	09:00am on 01/10/2026
The closing date for receipt of applications is:	12:00pm on 22/10/2026

All Application Forms and accompanying documentation should be sent to:	**For office use only**
The Principal Coláiste De Lacy, Ashbourne Education Campus, Ashbourne, Co Meath A84 TW90	Date received: ____/____/_____ School Stamp:

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

☐ Recent proof of address (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).

☐ A Relevant Report containing the mandatory elements set out in the Admission Policy.

☐ 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. **This letter of eligibility from the NCSE must relate to the 2027/2028 school year as such letter is applicable for admission for one school year only.**

Please tick the Year Group the student is applying to enter. You may only apply for one Year Group per Application Form. If more than one box is ticked the application will be deemed incomplete and not processed under the school's Admission Policy.

☐ Second Year ☐ Fifth Year ☐ L.C.A.* (Fifth Year)

☐ Third Year ☐ Sixth Year ☐ ~~L.C.A.* (Sixth Year)~~

☐ Transition Year

*LCA = Leaving Certificate Applied

If you selected L.C.A (Fifth Year) or ~~L.C.A (Sixth Year)~~ above, please also confirm if this application is being made for:

LCA only: ☐ *OR* LCA or the mainstream Year Group: ☐

Please tick if you are making an application to repeat a year (in accordance with Circular Letter M02/95): ☐

Please complete all sections of the following application using BLOCK CAPITALS

SECTION 1 - PROSPECTIVE STUDENT DETAILS									
Details of the young person for whom this application is being made.									
First Name:									
Middle Name:									
Surname:									
Student Address:									
Eircode:									
PPSN:									

SECTION 2 – DETAILS OF PARENT/GUARDIAN		
*This section is NOT required to be completed where the student is over 18 **unless** s/he wishes the school to communicate with his/her parent/guardian about this application instead of directly with the student. The information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.*		
	Parent / Guardian 1	**Parent / Guardian 2**
Prefix: (*e.g.*, Mr. / Ms. / Ms. *etc.*)		
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 www.colaistedelacy.ie 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 5 – SPECIAL CLASS
The special class in Coláiste De Lacy teaches students who have complex/severe educational needs arising from a diagnosis of Autism/Autistic Spectrum Disorder.
Where the student is seeking a place in the special class, please provide details below of the complex/severe educational need(s) of the student. **A Relevant Report, containing the mandatory elements set out in the Admission Policy, must also be provided to the school with this Application Form so as to be considered for admission to the special class.** **Please note: in addition to the above, as per the school's Admission Policy, eligibility for the special class for transfer students is also subject to there being a place available in the relevant mainstream year group.** Please set out the details of complex/severe special educational need/s of the Student:

SECTION 5A – 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.

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 student currently has any siblings in this school, please indicate their names and current year of study.	
(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	

C. If the student previously had any siblings in this school, please indicate their names and years of attendance.	
(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	

D. Please provide the student's date of birth and current class and school, in order to establish whether the student will be 12 years of age by the 31st January of the academic year to which s/he is applying to be enrolled in First Year, after having completed sixth class (or equivalent) in primary school. Please note that an original long birth certificate (along with a copy) will be required in support of this.	
Date of Birth:	

IMPORTANT INFORMATION:

- **You are required to submit:**
  - **(i) 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).**
  - **(ii) a Relevant Report, containing the mandatory elements as set out in the Admission Policy.**
  - **(iii) 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. This letter of eligibility from the NCSE must relate to the 2027/2028 school year as such letter is applicable for admission for one school year only.**
- **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 Admission 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:

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 Susan Crosby 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 possibly with the patron or board of management of other schools, and/or the Department of Education, 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. S/he also has a right 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.