APPLICATION FORM FOR ADMISSION TO FIRST YEAR – 2027/2028

This is an application form for admission to 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 Coliste Clavin	
Completed applications will be accepted from:	01/10/2026
The closing date for receipt of applications is:	22/10/2026 12 noon

All Application Forms and accompanying documentation should be sent to:	**For office use only**
Coláiste Clavin A83DX96	Date received: ____/____/_____ School Stamp:

Please ensure you attach the following documents 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

☐ An original long birth-certificate (together with a copy

☐ If applying for the Special Class, a Relevant Report

☐ If applying for the Special class, documentation from the NCSE (National Council for Special Education) confirming that the student 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 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 <u>NOT</u> 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 on www.colaisteclavin.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 – 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 [name of school]. *Note: if the application is being made for the special class **only,** this section does not have to be completed. However, if the application is being made for the special class **and/or** the mainstream, this section **and** the next section must be completed*

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:	

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:	
(iv) Name:	
Year:	

C. Please provide details of the primary school attended by the student	
School name:	
School address:	
Please confirm that the student attended this primary school for all of 5th class (and is now in 6th class in this school). Please be advised that the primary school will be asked for confirmation of same.	☐ Yes ☐ No

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

E. 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:	

Current Primary School:	
Current Class/Year:	

SECTION 6 – SPECIAL CLASS
The special class in Coláiste Clavin teaches students who have complex/severe educational needs arising from one or more of the following diagnoses of Autism *Please **ONLY** complete if you are applying for the special class.*
Please confirm if this application is being made for: The special class only: ☐ ***OR*** The special class and/**or** the mainstream year group: ☐ *(Tick this box if you are applying for a place in the mainstream class even if there are no places in the special class.)*
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 to be considered for admission to the special class** Please set out the details of complex/severe special educational need/s of the student:
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 Clavin *Please ONLY complete if you are applying for the special class.*

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:	

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:	
(iv) Name:	
Year:	

C. Please provide the student's date of birth in order to establish whether the student will be at least 12 years of age by the 31st January of the academic year to which s/he is applying to be enrolled in the Special Class. 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) An original long Birth Certificate (together with a copy).**
  - **(iii) If applying for the Special Class, a Relevant Report containing the mandatory elements set out in the Admission Policy**
- **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. This letter of eligibility from the NCSE must relate to the 2027/2028 school year.**
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- **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.**
- **For information regarding how personal 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 Clavin 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)**

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

DATA PROTECTION

The Board of Management of Coláiste Clavin is a committee of LMETB, 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 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 LMETBTB'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.colaisteclavin.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.