

**Lucan educate together national school**

Mount Bellew Way, Lucan, Co Dublin K78 C922 Tel: 01 628 1298

**Pre-enrolment FORM for COSÁIN CLass**

**for 2025/2026 School Year only**

**\*Please note that your child must be 4 years of age by the 31st May 2025 to enrol for the 2025/2026 school year.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name:** |  | | | | | | | | **Male / Female:** | | | |  | | | |
| **Date of Birth:\*** |  | | | | | | **PPS No:** | |  | | | | | | | |
| **Parent/Guardian**  **Name:** | (1) | | | | | | Mobile (1) | |  | | | | | | | |
| (2) | | | | | | Mobile (2) | |  | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | | |
| **Email Address** | (1) | | | | | | | (2) | | | | | | | | |
| **Please indicate which class enrolling for:** | **Junior Infant** |  | | | **Senior Infant** | | |  | | **1st Class** | |  | | **2nd Class** | |  |
| **3rd Class** |  | | | **4th Class** | | |  | | **5th Class** | |  | | **6th Class** | |  |
| **Last School / Montessori Attended:** | | |  | | | | | | | | **Last Class Attended:** | | | |  | |
| **Reason for changing school, if any:** | | |  | | | | | | | | | | | | | |
| **Please note that as part of our enrolment procedure we may contact previous schools to obtain reports.** | | | | | | | | | | | | | | | | |
| **Is your child verbal or non-verbal ?** | | | |  | | | | | | | | | | | | |
| **Is your child fully toilet trained? If answering no, please provide details** | | | | **Yes / No** | |  | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does your child have a sibling already attending Lucan Educate Together?** | | | | | | | | | **Yes / No** | |  |
| **If yes, sibling’s name:** |  | | | **Sibling’s current Class** | | |  | | | | |
| **If your child is currently attending school, does your child currently receive Learning / SNA support?** | | | | | | **Yes / No** |  | | | | |
| **Does your child have any other identified additional needs, apart from a diagnosis of ASD?** | | | | | | **Yes / No** |  | | | | |
| **Does your child have a recommendation for an ASD class placement?** | | | | | | **Yes / No** |  | | | | |
| **If yes, please indicate if you have any of the following reports available.** | | | **Reports Available**  **Yes/No** | | | | | | | | |
| **Educational Psychological Report:** | | |  | | | | | | | | |
| **Speech & Language Report:** | | |  | | | | | | | | |
| **Occupational Therapy Report:** | | |  | | | | | | | | |
| **Are any other family members seeking a place at this time? If so, please provide details of:** | | | | | | | | | | | |
| **Name:** | | | | | **Date of Birth:** | |  | | | | |
| **Class Level for 2025/2026** | | | | |  | | | | | | |
| **Have you read and do you accept the enrolment policy for Lucan Educate Together?** | | | | | **Yes/No** | | |  | | | |
| **Completed by (Name of Parent/Guardian):** | |  | | | | | | **Date:** | |  | |