



**APPLICATION FORM FOR ADMISSION TO LIBERMANN SPIRITAN SCHOOL,
TEMPLEOGUE FOR ACADEMIC YEAR 2024/2025**

**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:

9.20 am on 6th November 2023

The closing date for receipt of applications is:

5 pm on 19th January 2024

**All Application Forms and Accompanying Documentation should be sent by
Registered post, or hand delivered to:**

School Administrator
 Libermann Spiritan School, Templeogue
 Templeville Road, Dublin 6W

Please do not send your documentation by email.

FOR OFFICE USE ONLY

Date Received:

Received By:

School Stamp:

Date Entered on School Database

Data Entered By:

Checked By/Date

APPLICATION CHECKLIST

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

| DOCUMENT | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Application form completed in full and signed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| An original long birth-certificate for student applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recent proof of address (only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Report (s) from a relevant professional or team of professionals confirming and making a clear recommendation which states that the student requires a special school setting (should indicate special school setting only, and not the option of special or special school) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychological Assessment containing a definite diagnosis of autism with complex needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Copies of any other reports containing original additional diagnosis/es | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social History (where appropriate) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Report (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychiatric Assessment (where appropriate) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech and Language Therapy Report (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous School related Reports/Individual Education Plans, etc., | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other relevant information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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: | | | | |
| Middle Name: | | | | |
| Surname: | | | | |
| Date of Birth | | | | |
| <p>Please confirm the child’s normal place of residence 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 or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.)</p> | | | | |
| Child’s Address | | | | |
| | | | | |
| | | | | |
| Eircode | | | | |
| PPSN | | | | |
| Gender | Male | Female | Non-Binary | Prefer not to disclose . |
| Religion | | | | |
| Nationality | | | | |
| Has your child attended another School / Educational Setting? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| If Yes, please provide name and address of School(s) attended: | | | | |
| Years of Attendance | Name of School | | | |
| | | | | |

SECTION 2 – DETAILS OF PARENT/GUARDIAN

This 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./Mrs./Ms.) | | |
| First Name | | |
| Surname | | |
| Address | | |
| | | |
| | | |
| | | |
| | | |
| Eircode | | |
| Relationship to child | | |
| Telephone no | | |
| Email address | | |
| Emergency Contact Details: (if parent/guardian not available) | | |
| Name | Contact Number | Relationship to Child |
| | | |
| | | |
| Does any legal order under family law exist that the school should know about? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please provide details below | | |
| | | |
| The school should be made aware of any court order, which affects the child's welfare and also the name of any person into whose custody the child should not be given. | | |

| SECTION 3 – MEDICAL DETAILS | |
|---|------------------------------|
| Family Doctor | |
| Doctor's Telephone Number | |
| Doctor's Address | |
| | |
| | |
| Eircode | |
| Medical Card Number | (if any) |
| Long Term Illness Card No. | (if any) |
| Does your child suffer from any medical condition? | If yes, please give details: |
| | |
| Does your child suffer from allergies? | If yes, please give details: |
| | |

| SECTION 4 – STUDENT CODE OF BEHAVIOUR | |
|---|--------|
| <p>Please confirm that the Student Code of Relationships, Respect & Behaviour has been read and is acceptable to you as a parent/guardian and that you shall make all reasonable efforts to ensure compliance with same by the child if s/he secures a place in the school. Please note that the Code of Relationships, Respect & Behaviour can be found at www.libermannschool.ie or by request from office@libermannschool.ie</p> | |
| <p>I _____ & _____ confirm that I/WE have read the Code of Behaviour for the school and that this is acceptable to me as the child's parent/guardian and I shall make all reasonable efforts to ensure compliance by the child if s/he secures a place in the school.</p> | |
| _____ | _____ |
| (Parent/Guardian 1) | (Date) |
| _____ | _____ |
| (Parent/Guardian 2) | (Date) |

**SECTION 5 –
SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION**

This information will assist in determining whether the child meets the admission requirements.

Details of other Family Members

| Name | Age | Name of School Attending (if school going age) | | |
|---|-----|--|--------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | YES | NO |
| Does your child have a sibling who is currently enrolled in LSST for the school academic year 2024/2025? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child currently without an offer of a place in a special class in a mainstream school or special school place for 2024/2025 and known to the NCSE or any other state agency, e.g. your local CDNT or TUSLA? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you and your child resident in Dublin 6/Dublin 6W/Dublin 12 or Dublin 16? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you and your child resident in the Dublin south area outside of Dublin 6/Dublin 6W/Dublin 12/Dublin 16? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have a sibling who is currently enrolled in Templeogue College for 2024/2025? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child without an offer of a place in a special class in a mainstream school or special school place for 2024/2025 but unknown to the NCSE, your local CDNT, or TUSLA? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child currently in a mainstream or special class setting but with a recommendation for a special school place? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child require school transport? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child require a school transport escort? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child require a full time Special Needs Assistant? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have an Irish Exemption? | | | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 6 – PARENTAL/GUARDIAN PERMISSION AND CONSENT

PARENTAL/GUARDIAN ACTIVITY PERMISSION

| ACTIVITY | YES | NO |
|---|--------------------------|--------------------------|
| Support with Toileting | <input type="checkbox"/> | <input type="checkbox"/> |
| Inclusion in Hygiene Programme | <input type="checkbox"/> | <input type="checkbox"/> |
| Inclusion in School Outings | <input type="checkbox"/> | <input type="checkbox"/> |
| Inclusion in Swimming Programme | <input type="checkbox"/> | <input type="checkbox"/> |
| Inclusion in school activity photos for website | <input type="checkbox"/> | <input type="checkbox"/> |

PARENTAL/GUARDIAN CONSENT

IMPORTANT INFORMATION:

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 is your responsibility to inform the school of any change in contact information or circumstances relating to this application.

The Education Welfare Act 2000

Once a pupil is absent for 20 days or more, the school is obliged to inform the National Education Welfare Board.

For information regarding how your data is processed by the Libermann Spiritan School, Templeogue and the Spiritan Education Trust please see www.libermannschool.ie or request a copy from office@libermannschool.ie.

Please sign below to demonstrate that you have read and understood this information.

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

DATA PROTECTION

The Unitary Managers/Board of Management of Libermann Spiritan School, Templeogue is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Principal is assigned the role of coordinating the implementation of this Policy and for ensuring that all staff who handle or have access to Personal Data are familiar with their responsibilities.

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 LSST is subject. The requirement to provide a birth certificate is in accordance with the Department of Education and Skills' Primary Circular 24/02, which require all primary schools to obtain and keep a copy of a student's birth certificate. The processing of the personal data supplied on this Application Form is therefore carried out in line with Articles 6(c) and 6(e) of the General Data Protection Regulation.

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 this Application Form may be communicated internally within Spiritan Education Trust for the purpose of determining the applicability of the selection criteria 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.

The personal data provided in this Application Form will be kept for 7 years from the date on which the child 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 LSST data retention policy as outlined in the Data Protection Policy, which can be found at www.libermannschool.ie.

A copy of the full LSST Data Protection Policy is available at www.libermannschool.ie

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 LSST 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.