

Pobalscoil Náisiúnta

 Iarthar na Cathrach & Theach Sagard

*Lána Bhaile Uí Fhoirtcheirn,*

*Iarthar Na Cathrach,*

*Baile Átha Cliath 24*

Príomhoide: Maidhc O’ Broin

Leas-Phríomhoide: Orla Uí Dhochartaigh

Citywest & Saggart

Community National School

*Fortunestown Lane,*

*Citywest*

*Dublin 24*

Principal: Mike Byrne

Deputy Principal: Orla Doherty

# APPLICATION FORM FOR ADMISSION – **2024.2025**

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| ***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:  | 16th October 2023 (Junior Infants and special class)1st March 2024 (All other classes) |
| The closing date for receipt of applications is: | 31st January 2024 (Junior infants and special class)30th April 2024 (all other classes) |

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| **All Application Forms and accompanying documentation should be sent to:** | **For office use only** |
| Admissions, Citywest & Saggart CNS,Fortunestown Lane, Citywest,Dublin 24D24CPK7Or cscns@ddletb.ie  | Date received: \_\_\_/\_\_\_/\_\_\_ Time:\_\_\_School Stamp:Received by:  |

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

An original long birth-certificate (together with a copy) \*please provide a stamped, self-addressed envelope for return of original certificate

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| **Please tick the Class Group the child is applying to enter (Starting September 2024)** Junior Infants First Class Third Class Fifth Class Senior Infants Second Class Fourth Class Sixth Class ASD class (please provide a report detailing the child’s diagnosis) |

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| 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: |  |
| Surname: |  |
| Gender | **Male Female**  |
| Child’s Address: |  |
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| PPSN: |  |  |  |  |  |  |  |  |  |
| Date of Birth |  |  | **/** |  |  | **/** |  |  |  |

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| SECTION 2 – DETAILS OF PARENT/GUARDIAN |
| *This information is sought for the purposes of making contact about this application.* |
|  | **Parent / Guardian 1** | **Parent / Guardian 2** |
| Prefix: (*e.g.* Mr. / Ms. / Ms. *etc*.) |  |  |
| First Name: |  |  |
| Surname: |  |  |
| Telephone no. |  |  |
| Email address: |  |  |
| Relationship to child: |  |  |
| Names of sibling(s) in Citywest & Saggart CNS and their class level |  |
| IMPORTANT INFORMATION:* You are required to submit:
1. An original long birth-certificate (together with a copy)
* 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 your responsibility to inform the school of any change in contact information or circumstances relating to this application.
* For information regarding how your data is processed by the school and DDLETB, please see the Data protection statement.
* Please sign below to demonstrate that you have read and understood this information.
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| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |