



Limerick Community Special School

APPLICATION FORM FOR ADMISSION – 2026/2027

This is an application form for admission 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 having been accepted as a student at Limerick Community Special School.

Completed applications will be accepted from:	06/02/2026
The closing date for receipt of applications is:	27/02/2026 at Midday

All Application Forms and accompanying documentation should be sent to:	For office use only
School Office Limerick Community Special School Dromdarrig Mungret Limerick V94ND77	Date received: ____/____/____ Organisation Stamp:

Checklist:

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

- Two Recent proofs 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).
- Relevant psychological assessment report** from professional confirming and making a clear recommendation which states that the student has a diagnosis of a **Moderate General Learning Disability with a professional recommending this student for a place in a special school.**
- An **Eligibility letter from the NCSE SENO** confirming that the child is known to them and that the child has the required diagnosis and recommendation for a special school for Moderate General Learning Disability and complex needs.
- Original Birth Certificate Required.** A copy will **not** suffice. This will be returned after admissions process.

Please tick the Class Group to which the student is applying to enter:	
SECTION 1 – Groups	Tick one box only
Group 1: At least 4 years old and less than 7 years old for 1st Sept 2026.	
Group 2: At least 7 years old and less than 10years old for 1st Sept 2026.	
Group 3: At least 10 years old and less than 13 years old for 1st Sept 2026.	
Group 4: At least 13 years old and less than 16 years old for 1st Sept 2026.	
Group 5: At least 16 years old and less than 18 years old for 1st Sept 2026.	

Please complete all sections of the following application using BLOCK CAPITALS											
SECTION 1 - PROSPECTIVE STUDENT DETAILS											
<i>Details of the young person for whom this application is being made.</i>											
First Name:											
Middle Name:											
Surname:											
Student Address:											
Eircode:											
PPSN:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

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. / 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 LimerickCSS.ie or from the school office.

I (parent/guardian 1) _____ 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.

I (parent/guardian 2) _____ 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 4 – STUDENT’S GENDER

Please confirm the student’s gender or gender identity.

Male

Female

SECTION 5 – SELECTION CRITERIA FOR ADMISSIONS IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements. This list of questions is in the order of priority as per the Admissions Policy for Limerick Community Special School.

A. If a student currently has any sibling(s) in this school, please indicate the sibling name(s) and current class.

(i) Name of Sibling	
(ii) Class Name/Teacher	
(iii) Name of Sibling (if second sibling)	
(iv) Class Name/Teacher (if second sibling)	

B. Please Confirm the age of the student seeking to enrol
(Original Birth Certificate must accompany this application)

Date of Birth	Day	Month	Year

C. Please confirm the address where the student resides to determine the catchment area. **Two Recent proofs 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).

Address	
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SECTION 6 – REPORTS

Details on Professional Reports in relation to your child

Report	Yes	No
Psychological Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Date of Report	___/___/202___	
Speech and Language Report	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy Report	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention Team Report	<input type="checkbox"/>	<input type="checkbox"/>
Medical Report	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

If Other, please provide additional information below.

IMPORTANT INFORMATION:

- You are required to submit 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.
- All 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 Limerick and Clare Education and Training Board, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

Parent / Guardian 1 Signature 	_____
Date	___/___/202___
Parent / Guardian 2 Signature 	_____
Date	___/___/202___

OFFICE USE ONLY

Date Application Received:

Checked by:

Date entered on School Database: ___/___/202___

Entered by:

DATA PROTECTION

The Board of Management of Limerick Community Special School is a committee of Limerick and Clare Education and Training Board, Marshal House, Dooradoyle, Co. Limerick which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for Limerick and Clare Education and Training Board can be contacted at Limerick and Clare Education and Training Board, Marshal House, Dooradoyle, Co. Limerick.

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 Limerick and Clare Education and Training Board 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 this Application Form may be communicated internally within Limerick and Clare Education and Training Board 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 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 Limerick and Clare Education and Training Board Data Retention Policy, which can be found at www.lcetb.ie.

A copy of the full Limerick and Clare Education and Training Board Data Protection Policy is available at www.lcetb.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 Limerick and Clare Education and Training Board 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.