



APPLICATION FORM FOR ADMISSION TO FIRST YEAR - 2026/2027

Incomplete Applications will not be processed under the Admissions Policy

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 Scoil Uí Mhuirí.				
Completed applications will be accepted from: 01/10/25				
The closing date for	receipt of applications is:	23/10/25		
documenta Scoil Uí Mhuirí, Barn Road, Dunleer,	n Forms and accompanying ation should be sent to:	For office use only Date received:// School Stamp:		
Co. Louth, A92 FY96				
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). If applying for the Special Class, documentation from the NCSE confirming the student is known to the NCSE and has the required diagnosis and recommendation for the Special Class must be provided. Please complete all sections of the following application using BLOCK CAPITALS				
for the Special	wn to the NCSE and has the requi Class must be provided.	red diagnosis and recommendation		
for the Special	wn to the NCSE and has the requi Class must be provided.	red diagnosis and recommendation		
for the Special Please complete	wn to the NCSE and has the requi	red diagnosis and recommendation lication using BLOCK CAPITALS ENT DETAILS		
for the Special Please complete	wn to the NCSE and has the requinct the RCSE and has the RCS	red diagnosis and recommendation lication using BLOCK CAPITALS ENT DETAILS		
for the Special Please complete Details of	wn to the NCSE and has the requinct the RCSE and has the RCS	red diagnosis and recommendation lication using BLOCK CAPITALS ENT DETAILS		
Please complete Details of First Name:	wn to the NCSE and has the requinct the RCSE and has the RCS	red diagnosis and recommendation lication using BLOCK CAPITALS ENT DETAILS		

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	/ Guard	dian 1		Par	ent / G	uardian	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 www.scoiluimhuiri.ie or from the school office.									

Behaviour for the school is acceptable to me as the student's parent/guardian and I

____ confirm that the Code of

shall make all reasonable efforts to ensure compliance by the student if s/he secures a place in the school.

SECTION 4 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements in accordance with the order of priority as set out in the applicable section of Part B of the Admission Policy for Scoil Uí Mhuirí.

	udent currently has any siblings in this school, please indicate their and current year of study.
(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	
(iv) Name:	
Year:	
B. Please pr	ovide details of the primary school attended by the student.
School name:	
School address:	

	•	reviously had any siblings in this school, please indicate s of attendance.
(i) Name:		
Year(s):		
(ii) Name:		
Year(s):		
-	rovide the na er of staff of	me of the parent/guardian of the student where they are the school.
Full Name:		
s/he res will be r dated w	ides in the ca equired in su	eudent's address for the purpose of determining whether atchment area. Please note that recent proof of address pport of this. (Only registered utility bills for the address, three months and in the name of the parent(s)/guardian(s)
Address:		
		SECTION 5 – SPECIAL CLASS
•	one or more of	uirí teaches students who have complex/severe educational needs the following diagnoses: [Autism Spectrum Disorder, Asperger Syndrome] complete if you are applying for the special class.
Please confirm if t		is being made for:
The special class o	only:	The special class and $ \underline{or} $ the mainstream year group: \square (Tick this box if you are applying for a place in the mainstream class even if there are no places in the special class.)
complex/severe e elements set out	ducational nee in the Admissic	a place in the special class, please provide details below of the d(s) of the student. A Relevant Report, containing the mandatory on Policy must also be provided to the school with this Application 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 Scoil Uí Mhuirí.

Please ONLY complete if you are applying for the special class.

A. If the student currently has any siblings in this school, please indicate their

names a	nd current year of study.			
(i) Name:				
Year:				
(ii) Name:				
Year:				
(iii) Name:				
Year:				
(iv) Name:				
Year:				
B. Please provide details of the primary school attended by the student.				
School name:				
School address:				

C. If the student has previously had any siblings in this school, please indicate

their names and years of attendance.

(iii) Name:	
Year(s):	
(iv) Name:	
Year(s):	
-	provide the name of the parent/guardian of the Student where they are per of staff of the school.
Full Name:	
s/he res will be i dated w	confirm the student's address for the purpose of determining whether sides in the catchment area. Please note that recent proof of address required in support of this. (Only registered utility bills for the address, rithin the last three months and in the name of the parent(s)/guardian(s) accepted.)
Address:	

IMPORTANT INFORMATION:

- You are required to submit 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).
- If applying for the Special Class, a Relevant Report completed within the previous 24 months, containing the mandatory elements set out in the Admission Policy.
- 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 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 [name of school], 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.

	Signature:	Date:		
Parent/Guardian 1:			-	
Parent/Guardian 2:			-	
OFFICE USE ONLY				
Date Application Receive	ed:			
Checked by:				
Date entered on School	Database:			
Entered by:				

DATA PROTECTION

The Board of Management of Scoil Uí Mhuirí 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 Sinéad Barry 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 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 LMETB'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.scoiluimhuiri.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.