COLÁISTE IÓSAEF

Bord Oideachais & Oiliúna
LUIMNIGH & AN CHLÁIR
LIMERICK & CLARE
Education & Training Board

APPLICATION FORM FOR ADMISSION – 2026/2027

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 Coláiste Iósaef.	
Completed applications will be accepted from:	**1st October 2025**
The closing date for receipt of applications is:	**20th October 2025**

STUDENT SUMMARY DETAILS	
Student Name:	
Student Date of Birth:	
Student PPS Number:	
Primary School:	
Parent(s)/Guardian(s) Names:	
Parent(s)/Guardian(s) Contact Number (s):	

All Application Forms and accompanying documentation should be sent to:	**For office use only**
Mr. Noel Kelly **Principal,** **Coláiste Iósaef,** **Abbeyfarm,** **Kilmallock,** **Co. Limerick** **V35 E860**	Date received: ____/____/_____ School Stamp:

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

☐ 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 and a letter from the NCSE supporting a special class placement.

Please complete all sections of the following application using BLOCK CAPITALS									
SECTION 1 - PROSPECTIVE STUDENT DETAILS									
Details of the young person for whom this application is being made.									
First Name:									
Middle Name:									
Surname:									
Student Address:									
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 / 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 www.cik.ie or from the school office.
I _____ 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 – 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 Coláiste Iósaef.

A. If the student currently has any siblings in this school, please indicate their names and current year of study.	
(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	

B. If the student has previously had any siblings in this school, please indicate their names and years of attendance.	
(i) Name:	
Year(s):	
(ii) Name:	
Year(s):	
(iii) Name:	
Year(s):	

C. Please provide details of the primary school attended by the student.	
School Name:	
School Address:	

D. Please provide the name of the parent/guardian of the student where they are a member of staff of the school.	
Full Name:	

SECTION 5 – SPECIAL CLASS (ASD,DHH)	
Coláiste Iósaef has two Special Classes. These classes teach students who have one or more of the following special educational needs: *Rang Fionn & Rang Oisin: Autism/Autistic Spectrum Disorder,* *Rang Danu: Deaf & Hard of Hearing* *Please ONLY complete if you are applying for the special class.*	
Rang Fionn/Oisin (Autism/Autistic Spectrum Disorder) **ONLY**	
Rang Fionn/Oisin (Autism/Autistic Spectrum Disorder) with access to mainstream year group	
Rang Danu (Deaf & Hard of Hearing) **ONLY**	

Rang Danu (Deaf & Hard of Hearing) with access to mainstream year group	

Where the student is seeking a place in the special class, please provide details below of the complex/severe educational need(s) of the student. **A Relevant Report, containing the mandatory elements set out in the Admissions Policy, completed within the last 24 months and a letter from the NCSE supporting a special class placement must also be provided to the school with this Application Form so as to be considered for admission to the special class.**

Please set out the details of complex/severe special educational need/s of the Student:

SECTION 5A – SELECTION CRITERIA FOR ADMISSION TO THE SPECIAL CLASSE/ES 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 Coláiste Iósaef.

PLEASE ONLY COMPLETE IF YOU ARE APPLYING FOR THE SPECIAL CLASS/ES

A. If the student currently has any siblings in this school, please indicate their names and current year of study.	
(i) Name:	
Year:	
(ii) Name:	
Year:	

(iii) Name:	
Year:	

B. If the student has previously had any siblings in this school, please indicate their names and years of attendance.	
(i) Name:	
Year(s):	
(ii) Name:	
Year(s):	
(iii) Name:	
Year(s):	

C. Please provide details of the primary school attended by the student.	
School Name:	
School Address:	

D. Please provide the name of the parent/guardian of the student where they are a member of staff of the school.	
Full Name:	

IMPORTANT INFORMATION:

- ✓ **You are required to present a long birth-certificate (together with a copy).**
- ✓ **If applying for the Special Class, the following are required: a Relevant Report completed within the previous 24 months, containing the mandatory elements set out in the Admission Policy and a letter from the NCSE supporting a special class placement.**

- ✓ **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 Limerick and Clare Education and Training Board, please see overleaf.**

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

NOTE: *Should the student receive a place in Coláiste Iósaef, 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.*

_____ _____

(Parent / Guardian 1) **(Date)**

_____ _____

(Parent / Guardian 2) **(Date)**

OFFICE USE ONLY
Date Application Received:
Checked by:
Date entered on School Database:
Entered by:

DATA PROTECTION

The Board of Management of Coláiste Iósaef is a committee of LCETB, 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 LCETB is Aileen O' Sullivan and can be contacted at dataprotection@lcetb.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 LCETB 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 LCETB 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 2018It 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 LCETB's Data Retention Policy, which can be found at https://lcetb.ie/policies/.

A copy of the full LCETB Data Protection Policy is available at https://lcetb.ie/policies/ 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 LCETB 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.