

**Application Form to Enrol**

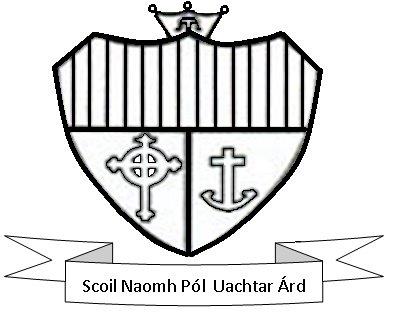
**St. Paul’s Secondary School ASD Class**

**2025/2026**

**Closing Date for Applications 15th November 2024**

**Please Note:**

Applicants should read the school’s Admission Policy, which is available on [www.stpaulsoughterard.com](http://www.stpaulsoughterard.com) prior to completing the application form. The information requested on the application form is required in order to process your application for admission to the school. The information provided by you will be treated confidentially and processed in line with the school’s Admission Policy. Any personal data provided on this form will be used to (i) identify applicants (ii) process an application in line with the school’s admissions policy (iii) communicate with parents/guardians in respect of an application (iv) notify parents/guardians of the outcome of an application. The information will be retained for an appropriate period thereafter to address any potential queries arising from the application process or added to the student’s school file in the case of successful applicants. In accordance with section 66(6) of the Education Act 1998, as amended, personal data relating to applications for admission may be shared with the board of management of another school or the patron in order to facilitate the efficient admission of students. This information may include the date on which an application was received by the school, the date on which an offer was made and the date on which an offer was accepted. Personal information concerning applicants may also be shared, including their name, address, date of birth and PPS number. Further information on the handling of your personal data, including how to exercise your rights under GDPR, is set out in the school’s Data Protection Policy, which is available on [www.stpaulsoughterard.com](http://www.stpaulsoughterard.com)



|  |  |
| --- | --- |
| Name of Applicant  Gender  Address  Name Siblings you have/had attending  this school and date(s) attended  Date of Birth  PPS Number  Current Primary School |  |

|  |  |
| --- | --- |
| Proposed Year of Entry  (Please tick the year) | 1st TY  2nd 5th  3rd 6th |

|  |  |
| --- | --- |
| Mother’s Name |  |
| Address  Eircode |  |
| E mail address |  |
| Mobile Number  Home Phone Number |  |

|  |  |
| --- | --- |
| Father’s Name |  |
| Address  Eircode |  |
| E mail Address |  |
| Mobile Number  Home Number |  |

I (We) wish to apply to enrol my (our) son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in St. Paul’s Secondary School ASD Class in September 2025.

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has a diagnosis of Autism. I further confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been given a special class recommendation by a professional for when (s)he transfers to secondary school. I have original documentation to support this.

In accepting an offer of admission from St. Paul’s Secondary School, you must indicate—

1. whether or not you have accepted an offer of admission for another school or schools. If you have accepted such an offer, you must also provide details of the offer or offers concerned (indicate details if applicable below)

and

1. whether or not you have applied for and awaiting confirmation of an offer of admission from another school or schools, and if so, you must provide details of the other school or schools concerned (indicate details if applicable below)

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Closing Date for Applicants: 15th November 2024 (for 2025 applicants)**

For Office Use Only

|  |  |
| --- | --- |
| Date Application Received | School Stamp |