



TALBOT SENIOR SCHOOL

APPLICATION FORM FOR ADMISSION

2026/2027

This is an application for admission to Talbot Senior School and does not constitute an offer of a place, implied or otherwise.

| | |
|--|------------|
| Completed applications will be accepted from: | 1/07/2026 |
| The closing date for receipt of applications is: | 22/07/2026 |

| All applications and accompanying documentation should be sent to: | For Office use only |
|--|--|
| Talbot SNS Bawnogue, Clondalkin, Dublin 22. D22 RT44 | Date Received: ____/____/____ School Stamp: |

| OFFICE USE ONLY: | |
|----------------------------|--|
| Date Application Received: | |
| Checked By: | |
| Date entered on Aladdin: | |
| Entered By: | |

| Please tick the class you are applying for a place in for your child: | | | | |
|---|--|--|--|--|
| 3 rd class <input type="checkbox"/> | 4 th class <input type="checkbox"/> | 5 th class <input type="checkbox"/> | 6 th class <input type="checkbox"/> | Special Class <input type="checkbox"/> |

| SECTION 1: DETAILS OF PROSPECTIVE PUPIL | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|
| FIRST NAME: | | | | | | | | | | | |
| MIDDLE NAME: | | | | | | | | | | | |
| SURNAME: | | | | | | | | | | | |
| DATE OF BIRTH: | | | | | | | | | | | |
| MALE: <input type="checkbox"/> | FEMALE: <input type="checkbox"/> | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| EIRCODE: | | | | | | | | | | | |
| PPS NUMBER | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| MEDICAL CARD HOLDER | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | |

| SECTION 2: FAMILY DETAILS | | |
|---------------------------|-------------------|-------------------|
| | Parent/Guardian 1 | Parent/Guardian 2 |
| FIRST NAME: | | |
| SURNAME | | |
| RELATIONSHIP TO CHILD | | |
| ADDRESS: | | |
| | | |
| | | |
| PHONE NUMBER: | | |
| EMAIL ADDRESS: | | |

| | | |
|--|--|---|
| PARENTAL STATUS: <i>Please tick</i> | Married <input type="checkbox"/> | Separated <input type="checkbox"/> |
| | Single Parent <input type="checkbox"/> | Parent Deceased <input type="checkbox"/> |
| | Divorced <input type="checkbox"/> | Guardianship/Custody <input type="checkbox"/> |
| | Step Parent <input type="checkbox"/> | |

NUMBER OF CHILDREN IN THE FAMILY:

PLACE IN THE FAMILY:

| SECTION 4: DETAILS FOR ALADDIN: | | |
|---|------------------------|-------------------|
| | Parent/Guardian 1 | Parent/Guardian 2 |
| MOBILE NUMBERS FOR TEXTS: | | |
| EMAIL ADDRESSES FOR ALADDIN: | | |
| NOMINATED EMERGENCY CONTACTS | | |
| <p><i>The emergency contact numbers are essential in case your child becomes ill or needs to be collected from school. Please nominate two people, NOT parents/guardians, e.g. grandparents, minders, aunts, neighbours. Only persons listed on Aladdin (School Database System) may collect a child from school.</i></p> | | |
| Emergency Contact 1: | Name: | |
| | Relationship to child: | |
| | Address: | |
| | | |
| | | |
| | Phone Number: | |
| | Mobile Number: | |
| Emergency Contact 2: | Name: | |
| | Relationship to child: | |
| | Address: | |
| | | |
| | | |
| | Phone Number: | |
| | Mobile Number: | |

| SECTION 5: EDUCATION DETAILS: | |
|---|--|
| PREVIOUS SCHOOL: | Nano Nagle: <input type="checkbox"/> Other: <input type="checkbox"/> |
| NAME AND ADDRESS OF OTHER SCHOOL: <i>(if not Nano Nagle)</i> | |
| | |
| | |
| PRINCIPAL: | TEACHER: |
| REASON FOR TRANSFER: | |
| CONSENT TO CONTACT PREVIOUS SCHOOL: <input type="checkbox"/> | |

| SECTION 6: CODE OF BEHAVIOUR | |
|--|------------------------------------|
| I/We confirm that we have read the school's Code of Behaviour, and I/We agree that our child will abide by the school regulations should they secure a place in Talbot Senior School. <i>The school's Code of Behaviour is reviewed regularly and available on our website: https://talbotsns.com/ or by request from the school office.</i> Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Signed: _____ Parent/Guardian 1 | Signed: _____ Parent/Guardian 2 |
| Date: _____ | Date: _____ |

| SECTION 7: SPECIAL CLASS (IF APPLICABLE) |
|---|
| <i>The special class in Talbot Senior School caters for children who have Autism. Please ONLY complete this section if you are applying for the special class.</i> |
| Please confirm if this application is being made for: The special class only: <input type="checkbox"/> OR The special class and/or mainstream class <input type="checkbox"/> <i>(Tick this box if you are applying for a place in the mainstream class even if there are no places in the special class)</i> |
| Where the child is seeking a place in the special class they must meet the following criteria: 1) An enrolment application form should be fully completed by the parents/guardians on behalf of the child. 2) Professional report(s) outlining: • Diagnosis of Autism: DSM IV/V or ICD 10/11 (psychologist, psychiatrist, multi-disciplinary report) AND • A demonstration of the understanding of complexity of the child's overall level of need/s evidenced in the professional reports AND • Given the severity or complexity of the child's support needs, a clear professional recommendation as to what educational placement type would be most appropriate to best meet the child's needs, along with the rationale for same AND • A letter from the NCSE confirming that the child is known to them and that the child has the required diagnosis and recommendation for a special class for autism. 3) The parents of the child must accept and agree to the school's Code of Behaviour and the terms of this policy. |

| SECTION 8A: SELECTION CRITERIA IN THE EVENT OF OVERSUBSCRIPTION (Mainstream) | | SECTION 8B: SELECTION CRITERIA IN THE EVENT OF OVERSUBSCRIPTION (Special Class) | | |
|--|--|---|---|--|
| A: Transfer from Nano Nagle | Transfer from Nano Nagle <input type="checkbox"/> | Transfer: | A: Transfer from Talbot Mainstream <input type="checkbox"/> B: Transfer from Nano Nagle <input type="checkbox"/> | |
| B: Siblings/ Stepsiblings in Talbot Senior School or Nano Nagle; or living in Bawnogue Parish | <i>Please indicate siblings' names and current class</i> | | C: Siblings/ Stepsiblings in Talbot Senior School or Nano Nagle | |
| | Name: | | | <i>Please indicate their names and current class</i> |
| | Class: | | | Name: |
| | <i>Please indicate name of estate in Bawnogue Parish</i> | | | Class: |
| Estate: | | Name: | | |
| Class: | | Class: | | |
| C: Child of Staff Member | <i>Please indicate name of staff member</i> | D: Child of Staff Member | <i>Please indicate name of staff member</i> | |
| D: Child living in greater Clondalkin Area | Address: | E: Child living in greater Clondalkin Area | Address: | |

| SECTION 9: DATA PROTECTION |
|--|
| <p>The BOM of Talbot Senior School is the Data Controller. The personal data supplied on this Application Form and the accompanying documentation sought is required for the purpose of:</p> <ul style="list-style-type: none"> • Verification of Identity and Date of Birth. • Verification and Assessment of admission criteria. • Allocation of teachers and resources to the school; and • School administration. <p>Failure to provide the requested information/documentation may result in the application being deemed invalid and an offer of a place may not be made.</p> <p>All information is stored on Aladdin (School Database) or POD. Data may be shared with Government Departments, Teaching staff, School Administrators and School Completion Programme according to our Data Protection Policy.</p> |

| DECLARATION: | | |
|--|--|---------------------|
| All information given on this form is a true and accurate account of my child's details as of today. | | |
| Signed: | | Date: |
| APPLICATION CHECKLIST: | | |
| | Parents/Guardian Check Have you enclosed? | Office Check |
| Signed Consent: | | |
| Copy of Birth Certificate: | | |
| Proof of PPS Number: | | |
| Proof of Address: (e.g. gas/electricity bill, County Council letter, Landline phone bill) | | |

