APPLICATION FORM FOR ADMISSION TO THE SPECIAL CLASS (OTHER THAN FIRST YEAR) – 2026/2027

This is an application form for admission to a Special Class 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 Davitt College.	
Completed applications will be accepted from:	16 October 2025
The closing date for receipt of applications is:	**12 November 2025 @ 4:00p.m.**

All Application Forms and accompanying documentation should be sent to:	**For office use only**
Davitt College, Springfield, Castlebar, Co. Mayo F23 VY15	Date received: ____/____/_____ Checked by: Date Entered on Database: ____/____/_____ School Stamp:

Please ensure you attach the following documents to complete the application:

☐ A Relevant Report completed within the previous 24 months, containing the mandatory elements set out in the Admission Policy.

☐ Documentation from the NCSE (National Council for Special Education) confirming that the child is known to the NCSE and has the required diagnosis and recommendation for a special class.

Please tick the Year Group the student is applying to enter:

☐ Second Year ☐ Fifth Year ☐ L.C.A.* (Fifth Year)

☐ Third Year ☐ Sixth Year ☐ L.C.A.* (Sixth Year)

☐ Transition Year

*LCA = Leaving Certificate Applied

If you selected L.C.A (Fifth Year) or L.C.A (Sixth Year) above, please also confirm if this application is being made for:

LCA only: ☐ *OR* LCA or the mainstream Year Group: ☐

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.davittcollege.com/policies/ 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 – SPECIAL CLASS
The special class in Davitt College teaches students who have the following special educational needs: Autism / Autism Spectrum Disorder
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. This outline should be accompanied by the following: **A Relevant Report,** containing the mandatory elements set out in the Admission Policy, completed within the last 24 months, must also be provided to the school with this Application Form so as to be considered for admission to the special class. **Documentation from the NCSE** (National Council for Special Education) confirming that the child is known to the NCSE and has the required diagnosis and recommendation for a special class Please note: in addition to the above, as per the school's Admission Policy, eligibility for the special class for transfer students is also **subject to there being a place available in the relevant mainstream year group.**

Please confirm the following:

My child has a formal diagnosis of Autism / Autism Spectrum Disorder

☐ Yes ☐ No

If No, please note that this application will not meet criteria for application to the special class in Davitt College.

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

SECTION 4A – 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 Davitt College

A. If the applicant 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. Please provide the name of the parent/guardian of the applicant where they are a member of staff of the school.	
Staff member name:	

IMPORTANT INFORMATION:

You are required to submit:

(i) A Relevant Report, completed within the previous 24 months, containing the mandatory elements as set out in the Admission Policy.

(ii) Documentation from the NCSE (National Council for Special Education) confirming that the child is known to the NCSE and has the required diagnosis and recommendation for a special class.

- **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.**
- **Incomplete applications will not be processed by the school, in line with the Admission Policy.**
- **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 MSLETB, please see overleaf.**

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

NOTE: *Should the student receive a place in Davitt College, 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.*