Cashel Community School

ASSOCIATION OF COMMUNITY AND COMPREHENSIVE SCHOOLS STANDARD SCHOOL APPLICATION FORM for Admission for 2023/2024

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT.

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

Closing date for receipt of application form is 25/11/2022 at 5pm

Data Protection

The personal data required from you on this admissions form (part 1) is required for the purposes of:-

- fulfilling our legal obligation to provide an education to students
- student enrolment and student registration
- allocation of teachers and resources to the school
- school administration
- to fulfil our other legal obligations
- to process appeals, resolve disputes and defend litigation etc.

OFFICE RECEIPT DATE STAMP AND TIME

1. You have the following statutory rights that can be exercised at any time:

(a) Right to complain to supervisory authority.
(b) Right of access.
(c) Right to rectification.
(d) Right to be forgotten.
(e) Right to restrict processing.
(f) Right to data portability.
(g) Right to object and automated decision making/profiling.

For further information please see our school Data Protection Policy on our website [link]. Should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email : cashelcsoffice@gmail.com

1. PERSONAL DETAILS (required for stage 1 of application process)

Student Surname	
Student First Name	
Home Address	
	EIRCODE:
County	
Date of Birth	
Birth Cert Attached	Yes □ No □ ***(Please tick √ appropriate box)***
Birth Certificate Forename ***(if different to above)***	
Birth Certificate Surname ***(if different to above)***	
Nationality	
Mothers Maiden Name	

2. EDUCATIONAL DETAILS (required for stage 1 of application process)

APPLICATION FOR WHICH YEAR (1st,2nd,3rd,4th,5th,6th)	
NAME OF SCHOOL (currently attending)	
ADDRESS OF SCHOOL (currently attending)	
Roll Number of School (currently attending)	

3. FAMILY DETAILS *(REQUIRED FOR SCHOOL ENROLMENT AND PARENTAL CONTACT PURPOSES)*

	Parent/Guardian 1	**Parent/Guardian 2**
Surname		
Name(s)		
Relationship to child *(mother/father/other guardian)please provide details*		
Phone Number		
Contact E-mail Address		
Postal Address *(if different from address given on page 1)*		
CORRESPONDENCE SHOULD BE ADDRESSED TO	*Mother* ☐ *OR* *Father* ☐ *OR* *Both parents/guardians* ☐ _____ State above *Correspondence title i.e. Mr. & Mrs/Mrs/Mr + specify surname*).	
Name(s) of PAST PUPILS (brother(s) and/or sisters) who attended this school and year of completion at the school.	_____ _____	
Does the child have any Brothers/Sisters currently attending this school?	*Name, Age, Class/Year*	
	Name, Age, Class/Year	
	Name, Age, Class/Year	

"I DECLARE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT"

Signature: _____ **Date:** _____

Parent/Guardian

PRINT NAME: _____

CHECKLIST - Have you enclosed: -

ORIGINAL Birth Cert of student (for photocopying by our office).

Ticked the boxes and signed all relevant sections.

Enclosed 2 original (different) current Utility Bills of home address i.e. Electricity, Gas, Landline Phone bill, ONLY (to be presented for photocopying by our office staff).

Failure to complete form fully and supply all necessary documentation will deem application invalid.

If/when a letter of offer is issued, we will require further information with regard to your son/daughter (i.e. part 2 of the Admissions Application must be completed fully and returned to the school – Part 2 Application will be enclosed with the letter of offer).

CASHEL COMMUNITY SCHOOL