



# Cashel Community School

## Application for Admission 2024 25

**PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT.**

**PLEASE FILL OUT DETAILS IN BLOCK CAPITALS**

Thank you for completing Part I of the enrolment process. The acceptance data sheet attached shows the record we have currently on file (as stipulated by you in Part I of the application process). Please check this document carefully for accuracy and make any necessary amendments, sign and return this acceptance of the offer.

This Admissions form (Part II) is to be completed by the lawful father/mother/LEGAL GUARDIAN of the student. Please note that both Parents/Legal Guardians must sign the form unless in case of sole guardianship.

***This form must be fully completed (including all supporting documentation where relevant) in order for the enrolment process to be complete.***

**Closing date for receipt of acceptance of offer and completed Part II form is**

**Closing Date: 19<sup>th</sup> December 2023 at 16:00**

### Data Protection

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

### 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, or should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email: [bursar@cashelcommunityschool.ie](mailto:bursar@cashelcommunityschool.ie) / [office@cashelcommunityschool.ie](mailto:office@cashelcommunityschool.ie)

***Please ensure sure that you read the Data Protection Policy available on the school's website.***

***Please read the Department of Education and Skills (DES) Personal Data Fair Processing Notice here in relation to personal data we are legally obliged to share with DES <https://www.gov.ie/en/circular/f5adff-fair-processing-notice-to-explain-how-the-personal-data-of-students/>***



## 1. PERSONAL DETAILS

(Required for Part II of Application Process)

Student Surname:	
Student First Name:	
Home Address:	
Eircode:	
Students PPSN	
ACCESS TO/CUSTODY OF STUDENT <i>If there are any orders or other arrangements in place governing access to or custody of the student, please provide details.</i>	NAME: _____  RELATIONSHIP TO STUDENT: _____  ADDRESS: _____ _____ _____  EIRCODE: _____  PHONE NUMBER: _____  EMAIL ADDRESS: _____
EMERGENCY CONTACT DETAILS <i>(Not Parent/Guardian listed above)</i>	NAME: _____  CONTACT NUMBER: _____  RELATIONSHIP TO STUDENT: _____

## 2. MEDICAL DETAILS

*(Required to ensure the school has an accurate record of medical conditions including your doctor's contact details in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to school staff in certain circumstances, if your child has a medical condition requiring the administration of medication during school time. Please provide (on a separate sheet) accurate and up-to-date information/instructions with regard to administration of medicines if required.)*

Does Student require Glasses?.....Yes ☐ No ☐

Does Student have any Hearing Difficulties?.....Yes ☐ No ☐

Does Student suffer any Serious Illness?.....Yes ☐ No ☐

If Yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is Student on any ongoing Medical Treatment? .....Yes ☐ No ☐

Has Student any allergies, if so please specify/state: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Student have any of the Chronic Conditions? .....Yes ☐ No ☐

*If Yes, please provide details of 'Other Medical concerns/information of relevance/Procedures to follow for a particular illnesses' on a separate sheet.*

GP Name: \_\_\_\_\_ GP Contact Number: \_\_\_\_\_

GP Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. EDUCATIONAL DETAILS

*(Required for Part II of Application Process)*

*(Required to ensure the school has an accurate record of educational details in order that we may provide the appropriate level of support if required.) Please note it may be necessary to disclose this information to school staff in certain circumstances.)*

Does your child have an exemption from Irish in National School?.....Yes ☐ No ☐  
*(If Yes, a copy of the DES Certificate must accompany this form)*

Has the student had a psychological assessment? .....Yes ☐ No ☐

Copy of psychological assessment enclosed.....Yes ☐ No ☐  
*If Yes, the psychological report recommending such placement must accompany this form)*

If yes, date of psychological assessment..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you seeking a placement in the ASD classroom for your child?.....Yes ☐ No ☐

Has the student been granted resource teaching hours by the National Council for Special Education (NSCE)?.....Yes ☐ No ☐

Has the student availed of the services of a Special Needs?.....Yes ☐ No ☐

Assistant (SNA) granted by the NCSE?.....Yes ☐ No ☐

Has the student been in receipt of learning support at Primary School?.....Yes ☐ No ☐  
If Yes, please provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State your child's general interests/hobbies/other relevant information:

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#### 4. STANDARDISED TESTING & REPORTS ON EDUCATIONAL PROGRESS

##### STANDARDISED TESTING

*(Standardised testing may be carried out for the purposes of Literacy/Numeracy progress, Reasonable Accommodations in the State Examinations, assisting in referrals to NEPS and for Career Guidance information etc.)*

##### Consent for Standardised Testing:

"I/we give permission to the School to conduct standardised testing for the purposes of Literacy/Numeracy progress, Reasonable Accommodations in the State Examinations, assisting in referrals to NEPS and Career Guidance information"

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

**Parent/Guardian I**

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

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

**Parent/Guardian II**

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

##### REPORTS ON EDUCATIONAL PROGRESS

*(Please indicate the person to whom correspondence is to be sent regarding educational progress/attainment of the student, if different from details already supplied by you in Form Part I and listed as "correspondence title" on offer document attached.)*

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eircode: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## DECLARATION

I/We, the parent(s)/guardian(s), have read, understand and agree to the terms and conditions outlined in the 'Admissions Policy' and the 'Code of Behaviour'. I/We have accessed these documents through the School Website.

I/We agree to monitor my/our child's progress through the Student Learning Diary.

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, the student, have read, understand and agree to the terms and conditions outlined in the 'Admissions Policy' and the 'Code of Behaviour'. I have accessed these documents through the School Website.

Student Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## CHECKLIST

***Signatures of both Legal Guardians/Parents are required (unless in case of sole guardianship where proof may be required)***

I/We have checked (*and amended if necessary*) and verified the information supplied by us (*via Part I of the Admissions process*) which is also specified in the “Acceptance of Offer” (*this document to be returned to school*) before deadline specified therein. ☐

I/We have read the Data Protection policy on the school website. ☐

*Please see under Our School/Policies/Tabs*

I/We have fully completed (*including the PPSN of the child*) the Application Form Part II ☐

I/We enclose a Cert of Exemption from study of Irish, from the Department of Education & Skills ☐  
(*if applicable*)

I/We enclose a copy of Educational/Psychological Report(s). ☐  
(*if applicable*)

I/We enclose Medical/Health Information re medication/treatment. ☐  
(*if relevant*)

**Signed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
*Parent/Guardian I* *Parent/Guardian II*

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_