Association of Community & Comprehensive Schools Application Form Academic Year 2024 25

Exchange Student Form – Part I

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

Data Protection		
The personal data required from you on this admissions form (part I) 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	OFFICE RECEIPT DATE STAMP	
to process appeals, resolve disputes and defend litigation etc.		
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: <u>bursar@cashelcommunityschool.ie</u> / <u>office@cashelcommunityschool.ie</u>		
4 PERCONAL PERAMA		

1. PERSONAL DETAILS	(Required for Stage 1 of Application Process)
Exchange Agency Name	
Agency Email Address	
Student Surname	
Student First Name	
Date of Birth	
Birth Cert Attached*	Yes □ No □
(Please tick the appropriate box)	
Birth Certificate Forename	
(if different to above)	
Birth Certificate Surname	
(if different to above)	
Nationality	
Mothers' Maiden Name	

^{*} Must accompany the Application Form

EDUCATIONAL DETA	AILS	(Required for Stage 1 of Application Process)	
Applying for which year? (TY or 5 th)			
Name of Current School			
Subjects Studied in Home Country			
2. HOST FAMILY DETAILS (Required for School Enrolment & Parental Contact)			
2. HOST PAMILT DETAI		red for School Enrolment & Parental Contact)	
	Host Parent I	Host Parent II	
Surname			
Name(s)			
Title			
(Mr, Mrs, Ms, Dr, etc.)			
Home/Landline Phone Number			
Mobile Phone Number			
Email Address			
Postal Address			
I OUMA LIMIT COO			
Eircode			

3. DECLARATION "I, the parent/legal guardian of the child named in Section 1, declare that to my knowledge all of the above information is true and correct" Signed ______ Date _____ Parent/Guardian I Signed ______ Date _____ Parent/Guardian II

CHECKLIST

- Birth Certificate of Student.
- Ticked the boxes and signed all relevant sections.

Failure to complete the form fully and supply all necessary documentation will disqualify the application!

This form must be sent by Post to Cashel Community School or scanned and emailed to office@cashelcommunityschool.ie .

bursar@cashelcommunityschool.ie .

PHOTOS OF THE FORM WILL NOT BE ACCEPTED!

Once this Form is processed, the Agency is responsible for providing Cashel Community School with Part II of the Admissions Application Form (Please find it on the School's website), which <u>must</u> be fully completed and returned to the school for further processing.

If Part II of the Application Form is not completed and returned, it will disqualify the application!