**Application Form Admission (ALL YEARS EXCEPT 1ST YEAR)**

**Old Bawn Community School Tallaght**

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***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 1) is required for the purposes of:-

* fulfilling our legal obligation to provide an education to students
* student enrolment and student registration

**OFFICE RECEIPT DATE STAMP
 AND TIME**

* 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**.**
1. **You have the following statutory rights that can be exercised at any time:**
2. Right to complain to supervisory authority.
3. Right of access.
4. Right to rectification.
5. Right to be forgotten.
6. Right to restrict processing.
7. Right to data portability.
8. Right to object and automated decision making/profiling.

For further information please see our school Data Protection Policy on our website [www.oldbawncs.ie](http://www.oldbawncs.ie). Should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email : obcsdays@oldbawncs.com

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| **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)*** |  |
| **Mother’s Maiden Name** |  |
| **Student PPS Number** |  |  **Student Religious** **Denomination**  |
| **2. PREVIOUS SCHOOL DETAILS**  |
| **NAME OF SCHOOL (currently attending)** |  |
| **ADDRESS OF SCHOOL(currently attending)** |  |
| **Roll Number of School****(currently attending)** |  |

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| **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** |  |  |
| **Mobile Number for Messaging from School** |  |  |
| ***Please indicate ONE number to which text messages will be sent. Mobile Nr : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please make sure the School is aware of any change in your mobile number. This is essential for texting purposes****.* |
| **Contact E-mail Address** |  |  |
| **Postal Address *(if different from above)*** |  |  |
| **CORRESPONDENCE SHOULD BE ADDRESSED TO** | *Mother □ ORFather □ OR* *Both parents/guardians □*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State above C*orrespondence 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* |

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| ***PPS NUMBER:***  |   |
| ***EMERGENCY CONTACT DETAILS***  ***(Not Parent/Guardian listed above)***  |  ***Name:                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***Contact Number:         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***Relationship to Student:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  |
| ***4.     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 Other Medical concerns/information of relevance/Procedures to follow for a particular illness on a separate sheet.*** ***GP Name, Address & Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***    |
| ***5.    EDUCATIONAL DETAILS*** ***(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, please attach DES Certificate).*** ***Has the student had a psychological assessment? ..............................................        ... Yes □ No □***  ***If Yes, is the psychological report available? ................................................................ Yes □ No □*** ***Date of psychological assessment (please enter in format xx/xx/xxxx)                                 \_\_\_\_\_\_\_\_\_\_*** ***Copy of psychological assessment enclosed ............................     ................................. 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  ......................................*** ***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:*** ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  |
| ***6.     STANDARDISED TESTING & REPORTS ON EDUCATIONAL PROGRESS***  |
|  ***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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***Parent/Guardian                                                     Parent/Guardian           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 1 and listed as “correspondence title” on offer document attached.***  ***Name:         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            Relationship to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Address:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Contact Number:                               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***   |
| ***7.     COMPLIANCE WITH SCHOOL POLICY***  |
|  **I/we understand, accept and agree to the aims and rules of the School as stated in the school’s Admission Policy (available on the school’s website www.oldbawncs.ie) and stated in the Code of Behaviour (attached and signed by Parent/Guardian and Student).**  **I agree to monitor my child’s progress through the school journal and VSWare Behaviour tab.**    ***Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                         Signed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***Parent/Guardian                                                                                    Parent/Guardian***   |
| ***7. PERMISSION FOR PHOTOGRAPHY/VIDEOS***  |
|    **I/We grant permission to Old Bawn Community School to photograph our son/daughter either alone or together with others and to use the image in school publications, on the school website and/or promotional purposes in local newspapers. Permission is granted subject to an undertaking that the privacy and integrity of our son/daughter’s image will always be respected.**  ***Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                         Signed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***Parent/Guardian                                                                                           Parent/Guardian***     |

**“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.**