Application Form Admission 1st Year 2027/2028
Old Bawn Community School Tallaght

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT.

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

Closing date for receipt of application form is Thursday 22nd October 2026 4pm

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**.**

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.
www.oldbawncs.ie

Should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email.

OFFICE RECEIPT DATE STAMP AND TIME

Data Sharing:

Schools in areas of high demand may be requested to share data on applications for admissions with each other, the Department of Education and Youth (DEY) / the National Council for Special Education(NCSE) (in respect of applications for admission to special classes).
Please read the Department of Education and Youth (DEY) Personal Data Fair Processing Notice here in relation to personal data we are legally obliged to share with DEY https://www.gov.ie/en/circular/f5adff-fair-processing-notice-to-explain-how-the-personal-data-of-students-/
Under the provisions of the Infectious Diseases (Amendment) (No. 3) Regulations 2024 (SI 735 of 2024) and the Health Provision of Information for Health Examination and Treatment Service) Regulations 2024 (SI 750 of 2024), when a request is made by the HSE, the school must share relevant personal data: the name, address, date of birth and sex of the pupil; the mother's birth surname; full contact details of their parent/guardian; the pupil's PPSN (if any); the name of the school which the pupil attends and the school roll number.

Please ensure sure that you read our school Data Protection Policy for full information on the above. The Policy is 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 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. EDUCATIONAL DETAILS (required for stage 1 of application process)

NAME OF PRIMARY SCHOOL (currently attending)	
ADDRESS OF PRIMARY SCHOOL (currently attending)	
Roll Number of Primary 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		
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* □ *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 – this form will be enclosed with the letter of offer).

Checklist:

- Original Birth Cert of Student

- All boxes fully ticked, and all sections signed.

- Two original utility bills with home address and parent name e.g.

Electricity, Gas. Landline phone bill, TV channel provider. Refuse bills

No other bills will be accepted.

Bank statement, mobile phone and insurance not accepted