## Ardee Community School APPLICATION FORM for Admission into 1<sup>st</sup> Year 2022/2023 (Part 1)

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT.
PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

Closing date for receipt of application form is Friday 22<sup>nd</sup> October 2021 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.

## 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: admissions@ardeecs.ie

OFFICE RECEIPT DATE STAMP
AND TIME

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						
2. EDUCATIONAL DETAILS (required for stage 1 of application process)						
NAME OF PRIMARY SCHOOL						
(currently attending)						
ADDRESS OF PRIMARY SCHOOL						
(currently attending)						
I wish to apply for a place in the special autism class for my child.	Yes □ No □ <i>(Please tick v appropriate box)</i>					
special audisiii class for filly clillu.						

S. FAIVIILT DETAI	LS (REQUIRED FOR SCHOOL		II AND PAREN	
	Parent/Gua	rdian 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				
	ber to which text messages	will be sent.	Mobile Nr	·
Please make sure the Sch	ool is aware of any change	in your mobi		s is essential for texting purposes.
Contact E-mail				
Address /if				
Postal Address (if different from				
above)				
CORRESPONDENCE	Mother	□ OR		
SHOULD BE	Father Both parents/guardians	□ OR		
ADDRESSED TO				
	State	e above C <i>orres</i>	pondence 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.				
	Name, Age, Class/Year			
Does the child have any Brothers/Sisters	Name, Age, Class/Year			
currently attending	Name, Age, Class/Year			
this school?				
I DECLARE THAT ALL OF	THE ABOVE INFORMATION	S TRUE AND	CORRECT"	
			-	
Signature:			Date: _	
	Parent/Guardian			
PRINT NAME:				
TOWNER III		<u> </u>	ieli	attended affective to the second second
IECKLIST - <u>Have you enclosed:-</u> RIGINAL Birth Cert of student (for <sub>I</sub>			etter of offer is issued, we will require	

Have you ticked the boxes and completed and signed all relevant sections.

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).