



APPLICATION FORM FOR ADMISSION - 2024/2025

This is an Application Form for admission and does not constitute an offer of a place, implied or otherwise.					
Completed applications will be accepted from:	27 th November 2023				
The closing date for receipt of applications is:	11 December 2023				
All Application Forms and accompanying documentation	n For office use only				
should be sent to:	For office use only				
Scoil Chormaic CNS,					
Stephenstown,	Date received:				
Balbriggan,					
County Dublin	School Stamp:				
An original long birth-certificate (together with a copy Recent proof of address (only registered utility bills or bank statements dated within the las three months and in the name of the parent(s)/guardian(s) will be accepted. If applying for the Special Class, a Relevant Report completed within the previous 24 months					
Please tick the Class Group the child is applying to enter					
	Third Class Fifth Class				
Senior Infants Second Class	Fourth Class Sixth Class				
Please complete all sections of the following application using BLOCK CAPITALS					
SECTION 1 – CHILD DETAILS					
Details of the young person for whom this application is being made.					
First Name:					

Middle Name:										
Surname:										
Child's Address:										
Eircode:										
PPSN:										
	SEC	TION 2 –	DETAIL	S OF PAR	RENT/G	UA	ARDIAN			
This information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.										
		Paren	t / Guard	dian 1			Pa	rent / Gı	uardian 2	2
Prefix: (<i>e.g.,</i> Mr. / Ms. / Ms. <i>etc.</i>)		Paren	t / Guard	dian 1			Pa	rent / Gı	uardian î	2
		Paren	t / Guard	dian 1			Pa	rent / Gu	uardian 2	2
Ms. / Ms. etc.)		Paren	t / Guard	dian 1			Pa	rent / Gu	uardian 2	2
Ms. / Ms. etc.) First Name:		Paren	t / Guard	dian 1			Par	rent / Gu	uardian 2	2
Ms. / Ms. etc.) First Name:		Paren	t / Guard	dian 1			Pa	rent / Gu	uardian 2	2
Ms. / Ms. etc.) First Name:		Paren	t / Guard	dian 1			Pai	rent / Gu	uardian 2	2
Ms. / Ms. etc.) First Name: Surname:		Parent	t / Guard	dian 1			Pai	rent / Gu	uardian 2	2
Ms. / Ms. etc.) First Name: Surname:		Paren	t / Guard	dian 1			Pai	rent / Gu	uardian 2	2
Ms. / Ms. etc.) First Name: Surname:		Paren	t / Guard	dian 1			Pai	rent / Gu	uardian 2	2
Ms. / Ms. etc.) First Name: Surname: Address:		Paren	t / Guard	dian 1			Pai	rent / Gu	uardian 2	2
Ms. / Ms. etc.) First Name: Surname: Address: Eircode:		Parent	t / Guard	dian 1			Pai	rent / Gu	uardian 2	2

SECTION 3 – CODE OF POSITIVE BEHAVIOUR
Please confirm that the Code of Positive Behaviour is acceptable to you as a parent/guardian, and you shall make all reasonable efforts to ensure compliance with same by the child if s/he secures a place in the school. Please note that the Code of Positive Behaviour can be found at www.scoilchormaiccns.ie or from the school office.
I confirm that the Code of Positive Behaviour for
the school is acceptable to me as the child's parent/guardian and I shall make all reasonable
efforts to ensure compliance by the child if s/he secures a place in the school.
SECTION 4 – ASD SPECIAL CLASSES
The special class in Scoil Chormaic CNS teaches pupils who has the following special educational needs: autism spectrum disorder. Please <u>ONLY</u> complete if you are applying for the special class.
Please confirm if this application is being made for:
The special class only: ☐ OR The ASD special classes and/or the mainstream year group: ☐ (Tick this box if you are applying for a place in the mainstream class even if there are no places in the special classes.)
Where the child is seeking a place in the ASD special classes, please provide details below of the special educational needs of the pupil. A Relevant Report confirming the special educational need and the recommendation for the special class, completed within the last 24 months, must also be provided to the school with this Application Form so as to be considered for admission to the special class.
Please note: as per the school's Admission Policy, eligibility for the ASD special classes is subject to the Child having needs which fall within the category of special educational needs provided for by the ASD special classes, as confirmed by the NCSE, and for transfer pupils, is also subject to there being a place available in the relevant class group.
Details of special educational need:

SECTION 5 - SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the child meets the admission requirements. The list of questions is in the order of priority as per the Admission Policy for Scoil Chormaic CNS

	A. If <u>applying for Junior Infants only</u> , please confirm the child's age where the school gives								
priority to older children applying to Junior Infants. [This can only be used if selected under "selection criteria" in the school's Admission Policy. Delete this instruction.]									
	Day Month Year								
Date of Birth:		,							
B. Please confirm	n the child	d's addres	ss for the	purpose (of determ	ining who	ether s/he	resides	
B. Please confirm the child's address for the purpose of determining whether s/he resides in the catchment area. Please note that recent proof of address will be required in support									
•	of this. (Only registered utility bills for the address, dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.)								
and in the nai	ne or the	parent(s)	rguai uiaiii	(s) will be	accepted	.,			
Address:	Address:								
C. If the child currently has any siblings in this school, please indicate their names and									
current year of study									
(i) Name:									
Year:									
(ii) Name:									
Year:									
(iii) Name:									
Year:									

D. If the child has property of attendates at the control of the c	previously had any siblings in this school, please indicate their names and ance
(i) Name:	
Year(s):	
(ii) Name:	
Year(s):	

IMPORTANT INFORMATION:

- You are required to submit:
 - (i) An original long birth-certificate (together with a copy).
 - (ii) Recent proof of address two distinct registered utility bills in relation to the address, dated within the last three months and in the name of the parent(s)/guardian(s).
- All of the information that you provide in this Application Form is taken in good faith. If
 it is found that any of the information is incorrect, misleading or incomplete, the
 application may be rendered invalid.
- Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.
- For information regarding how your data is processed by the school and DDLETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

(Parent / Guardian 1)	(Date)
(Parent / Guardian 2)	(Date)
OFFICE U	SE ONLY
Date Application Received:	
Checked by:	
Date entered on School Database:	
Entered by:	

DATA PROTECTION

The Board of Management of Scoil Chormaic CNS is a committee of DDLETB,1 Tuansgate, Belgarde Square East, Tallaght, Dublin 24which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for DDLETB is [insert name of DPO here] and can be contacted at 01 4529600.

The personal data supplied on this Application Form and the accompanying documentation sought is required for the purpose of:

- Verification of identity and date of birth.
- Verification and assessment of admission criteria.
- Allocation of teachers and resources to the school; and
- School administration,

all of which are tasks carried out pursuant to various statutory duties to which DDLETB is subject. The requirement to provide a birth certificate is in accordance with the Department of Education and Skills' Primary Circular 24/02, which require all primary schools to obtain and keep a copy of a student's birth certificate. The processing of the personal data supplied on this Application Form is therefore carried out in line with Articles 6(c) and 6(e) of the General Data Protection Regulation.

Failure to provide the requested information may result in the application being deemed invalid and an offer of a place may not be made.

The personal data disclosed in, or as part of, this Application Form may be communicated internally within DDLETB and externally with the NCSE and/or NEPS for the purpose of determining the applicability of the selection criteria, and possibly with the patron or board of management of other schools in order to facilitate the efficient admission of students, pursuant to section 66(6) of the Education Act 1998 as inserted by section 9 of the (Admissions to Schools) Act 2018. It may also be shared with Tusla Education Support Services for the purpose of assisting the student with education and training opportunities, in line with section 28 of the Education (Welfare) Act 2000.

The personal data provided in this Application Form will be kept for 7 years from the date on which the child turns 18 years of age, unless there is a statutory requirement to retain some or all elements of the data for a further period or indefinitely, in line with DDLETB's Data Retention Policy, which can be found at www.ddletb.ie.

A copy of the full DDLETB Data Protection Policy is available at www.ddletb. or from the school office.

Any person who provides personal data through this Application Form has a right to request access to that data. S/he also has a right to request the changing of any information if it is factually incorrect. A request for erasure of the data can also be made by or on behalf of the data subject but this will only be acceded to where the data is no longer necessary for the purpose for which it was collected and where DDLETB does not have a legal basis for retaining it.

If you as a data subject have any complaints regarding the processing of your personal data, you have the right to lodge a complaint with the Data Protection Commission.