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# SCHOOL APPLICATION FORM for Admission 1st Year 2024/2025

**Scoil Phobail Mhic Dara**

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

***Closing date for receipt of application form is 31/01/2024***

**Data Protection**
The personal data required from you on this admissions form is required for the purposes of:-

* fulfilling our legal obligation to provide an education to students

**OFFICE RECEIPT DATE STAMP
 AND TIME**

* 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:**
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.scoilphobailmhicdara.com](http://www.scoilphobailmhicdara.com) .Should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email : eolas@spmd.ie

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-/>

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| **1. PERSONAL DETAILS**  |
| **Student Surname** |  |
| **Student First Name** |  |
| **Home Address**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **County** |  |
| **Eircode** |  |
| **PPS Number:** |  |
| **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** |  |
| 1. **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.*** |
| **NAME OF PRIMARY SCHOOL (currently attending)** |  |
| **ADDRESS OF PRIMARY SCHOOL(currently attending)** |  |
| **Roll Number of Primary School****(currently attending)** |  |
| ***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 theNational 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:*** ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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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** |  |  |
| ***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** |  |  |
| **Full Postal Address *(****Please* State C*orrespondence title i.e. Mr. & Mrs/Mrs/Mr + specify surname****)*** |  |
| **EIRCODE** |  |
| **CORRESPONDENCE SHOULD BE ADDRESSED TO** | *Mother □ ORFather □ OR* *Both parents/guardians □*   |
| **Does the child have any Brothers/Sisters currently attending this school?**

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| *Name, Age, Class/Year* |
| *Name, Age, Class/Year* |
| *Name, Age, Class/Year* |

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| ***EMERGENCY CONTACT DETAILS (Not Parent/Guardian listed above)***  | *Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| ***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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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| ***5. 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.******Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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| ***6. 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) and stated in the Code of Behaviour(available on the school’s website), signed by Parent/Guardian and Student.*I agree to monitor my child’s progress through the school journal.** ***Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Parent/Guardian Parent/Guardian***  |

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| ***7.* PHOTOGRAPH/VIDEO APPROVAL**  |
| We request your permission to publish photographs/Video the school would take for special occasions, for the school website and social media sites, on promotion/publicity material, and so on. I Approve: I Don’t Approve: ***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***Parent/Guardian*** |

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| **CHECKLIST** |
| **Signatures of both Legal Guardians/Parents are required (unless in case of sole guardianship where proof may be required)** Birth Certificate  I/we have read the Code of Behaviour and is accepted by both Parent/Guardians and Student.  *I/we have read the Data Protection policy on the school website.*  I/we have fully completed and signed the application form (including Student PPS No.)  I/we enclose a Cert of Exemption re Irish from Department of Education & Skills attached (if applicable)? I/we enclose a copy of Educational/Psychological Report(s) (if applicable)? I/we enclose Medical/Health Information re medication/treatment (if relevant)  ***Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***Parent/Guardian Parent/Guardian***   |

**“I DECLARE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT”**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only:**

Department Pupil ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Input Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_