 **Scoil Aonghusa CNS **

*Kingsfort Avenue, Castlepark, Mallow, Co. Cork*

**APPLICATION FORM FOR ADMISSION - 2023/2024**

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| ***This is an Application Form for admission and does not constitute***  ***an offer of a place, implied or otherwise.*** | |
| The opening date for receipt of applications is: | October 1st 2022 |
| The closing date for receipt of applications is: | October 22nd 2022 |
| Applications received outside of these dates will be accepted however they will be considered late applications and may be placed on a waiting list if the school is oversubscribed. | |

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| **All Application Forms and accompanying documentation should be sent to:** | **For office use only** |
| Scoil Aonghusa CNS,  Kingsfort Avenue,  Castlepark,  Mallow,  Co. Cork | Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_  School Stamp: |

**Please ensure you return the following documents to the school to complete the application:**

A copy of your child’s long birth-certificate.

Recent proof of address (only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted).

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| **Please tick the Class Group the child is applying to enter:**  Junior Infants First Class Third Class Fifth Class  Senior Infants Second Class Fourth Class Sixth Class |

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| 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: |  | | | | | | | | |
| Date of Birth: |  | | | | | | | | |
| Child’s Nationality: |  | | | | | | | | |
| Child’s Address: |  | | | | | | | | |
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|  | | | | | | | | |
| Eircode: |  | | | | | | | | |
| PPSN: |  |  |  |  |  |  |  |  |  |

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| SECTION 2 – DETAILS OF PARENT/GUARDIAN | | |
| *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.* | | |
|  | **Parent / Guardian 1** | **Parent / Guardian 2** |
| Prefix: (*e.g.* Mr. / Ms. / Ms. *etc*.) |  |  |
| First Name: |  |  |
| Surname: |  |  |
| Address: |  |  |
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| Eircode: |  |  |
| Telephone no. |  |  |
| Email address: |  |  |
| Relationship to child: |  |  |

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| **SECTION 3 – STUDENT CODE OF BEHAVIOUR** |
| **Please confirm that the Student Code of 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 Behaviour can be found at** [**www.scoilaonghusacns.ie**](http://www.scoilaonghusacns.ie) **or from the school office.** |
| **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the Code of 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.** |

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| **SECTION 4 – SPECIAL CLASS** |
| *The special class in Scoil Aonghusa CNS teaches students who have one or more of the following special educational needs: [Autism Spectrum Disorder, Asperger Syndrome]*  *Please* ***ONLY*** *complete if you are applying for the special class.* |
| Please confirm if this application is being made for:  The special class only: 🞎 ***OR*** The special class **or** the mainstream class group: 🞎 |
| Where the child is seeking a place in the special class, please provide details of the special educational needs of the student, including an Educational/Clinical Psychologist’s report. |

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| **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 Aonghusa CNS.* |

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| 1. **Please confirm the child’s age.** | | | | | | | | |
| **Date of Birth:** | **Day** | | **Month** | | **Year** | | | |
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| 1. **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 or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.)** | |
| **Address:** |  |
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| 1. **If the child currently has any siblings in this school, please indicate their names and current year of study.** | |
| 1. **Name:** |  |
| **Year:** |  |
| 1. **Name:** |  |
| **Year:** |  |
| **(iii) Name:** |  |
| **Year:** |  |

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| 1. **If the child has previously had any siblings in this school, please indicate their names and years of attendance.** | |
| 1. **Name:** |  |
| **Year(s):** |  |
| 1. **Name:** |  |
| **Year(s):** |  |

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| **IMPORTANT INFORMATION:**   * **You are required to submit:**  1. **A copy of the child’s long birth-certificate.** 2. **Recent proof of address - only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.**  * **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 CETB, please see overleaf.**      * **Please sign below to demonstrate that you have read and understood this information.** |

**(Parent / Guardian 1) (Date)**

**(Parent / Guardian 2) (Date)**

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| **OFFICE USE ONLY** |
| **Date Application Received:** |
| **Checked by:** |
| **Date entered on School Database:** |
| **Entered by:** |

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| **DATA PROTECTION** |
| The Board of Management of Scoil Aonghusa CNS is a committee of CETB, 21 Lavitt’s Quay, Cork City, which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for CETB is Sarah Flynn and can be contacted at dataprotection@corketb.ie.  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 CETB 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 this Application Form may be communicated internally within CETB 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.  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 CETB’s Data Retention Policy, which can be found at www.corketb.ie/about-cork-etb/organisation/corporate-governance/policies/etb-policies/.    A copy of the full CETB Data Protection Policy is available at www.scoilaonghusacns.ie 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 CETB 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. |