# APPLICATION FORM FOR ADMISSION TO FIRST YEAR 2023/2024

**BAILIEBOROUGH COMMUNITY SCHOOL**



**QUALITY EDUCATION IN A CARING ENVIRONMENT**

***PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY THE APPLICANT.***

**PLEASE FILL OUT DETAILS IN BLOCK CAPITALS**

***Closing date for receipt of application form is 4pm on Wednesday 1st February 2023***

**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

**OFFICE RECEIPT DATE STAMP
 AND TIME**

* 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.bailieborocs.ie](http://www.bailieborocs.ie) LINK

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

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| **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** |  |

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| **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)** |  |

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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** |  |  |
| **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 □ ORFather □ OR* *Both parents/guardians □*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State above C*orrespondence 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 - 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.**