

ASHBOURNE COMMUNITY SCHOOL

Application for Admission 1st Year 2024-25



PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT.

FULLY Completed Application Form must be accompanied by original supporting documentation which will be accepted by post or hand delivered to school reception no later than 12 noon on Monday, 23rd October, 2023. (email applications NOT accepted)
Receipt of fully completed application will be acknowledged via email

Data Protection

The personal data required from you on this admissions form (part 1) is required for the purposes of:-

- 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, or should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email : admin@ashcom.ie

**OFFICE RECEIPT DATE STAMP
AND TIME**

PLEASE COMPLETE DETAILS IN BLOCK CAPITALS

| 1. PERSONAL DETAILS (required for stage 1 of application process) | |
|---|----------|
| Student Surname | |
| Student First Name | |
| Home Address | |
| County | EIRCODE: |
| Date of Birth | |
| Original Birth Certificate must be attached | |
| Birth Certificate Forename <i>(if different to above)</i> | |
| Birth Certificate Surname <i>(if different to above)</i> | |
| Mother's Maiden Name | |
| 2. EDUCATIONAL DETAILS | |
| NAME OF PRIMARY SCHOOL (currently attending 6th Class) | |
| ADDRESS OF PRIMARY SCHOOL (currently attending 6th Class) | |
| Roll Number of Primary School (currently attending) | |

3. FAMILY DETAILS (REQUIRED FOR SCHOOL ENROLMENT AND PARENTAL CONTACT PURPOSES)

| | Parent/Guardian 1 | Parent/Guardian 2 |
|---|-------------------|-------------------|
| Surname | | |
| Name(s) | | |
| Relationship to child <i>(mother/father/other guardian) please provide details</i> | | |
| Phone Number | | |
| Mobile Number | Mobile: | Mobile: |

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 | | |
|------------------------|--|--|

Email address to which acknowledgement of receipt of application should be sent Email:

| | | |
|---|--|--|
| Postal Address <i>(if different from above)</i> | | |
|---|--|--|

| | |
|---------------------------------------|---|
| CORRESPONDENCE SHOULD BE ADDRESSED TO | Mother <input type="checkbox"/> OR Father <input type="checkbox"/> OR Both parents/guardians <input type="checkbox"/> |
| | State above Correspondence title i.e. Mr. & Mrs/Mrs/Mr + specify surname). |

| | |
|--|----------------|
| Name(s) Siblings* who are PAST PUPILS who attended ACS and year of completion @ Ashbourne C.S. | _____ _____ |
|--|----------------|

| | |
|---|-----------------------|
| Does the child have any Siblings* currently attending this school? | Name, Age, Year Group |
| | Name, Age, Year Group |
| | Name, Age, Year Group |

* Sibling is brother/sister, or step/foster brother/sister

| | |
|----------------------------------|---|
| CODE OF BEHAVIOUR SIGNED: | Please sign below to indicate that the School Code Of Behaviour is acceptable to you as a Parent/Guardian and that you will make all reasonable efforts to ensure compliance of same if he/she secures a place in the school. Please note that the Code of Behaviour can be found on the Admissions Page of the school website www.ashcom.ie or from the school office. |
| | _____ Parent/Guardian |

"I DECLARE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT"

Signature: _____ Date: _____
 Parent/Guardian

PRINT NAME: _____

| CHECK LIST – HAVE YOU PROVIDED | Enclosed | Received by office |
|--|----------|--------------------|
| ORIGINAL Birth Cert (for photocopying by our office) | | |
| Enclosed 2 original (different) current Utility Bills i.e. Electricity, Gas, Landline Phone bill. | | |
| Two photographs signed at back by student | | |
| | Initial | |

Please note: Failure to complete form fully and supply all necessary documentation will deem your application invalid

IF a letter of offer is issued, we will require further information with regard to your son/daughter (i.e. part 2 of the Admission Application must be completed fully and returned to the school – this form will be enclosed with the letter of offer).