

**ASHBOURNE COMMUNITY SCHOOL**  
Application for Admission to Special Class in  
**1<sup>st</sup> Year** **2024/2025**



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

**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 23<sup>rd</sup> October, 2023.**

**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](mailto:admin@ashcom.ie)

**OFFICE RECEIPT DATE  
STAMP AND TIME**

**PLEASE COMPLETE DETAILS IN BLOCK CAPITALS**

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

## 2. 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		
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Email address to which acknowledgement of receipt of application should be sent	Email:
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Postal Address <i>(if different from above)</i>		
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CORRESPONDENCE SHOULD BE ADDRESSED TO	Mother <input type="checkbox"/> OR Father <input type="checkbox"/> OR Both Parents/Guardians <input type="checkbox"/> _____ <i>State above Correspondence title i.e. Mr &amp; Mrs/Mrs/Mr + specify surname</i>
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Name(s) of PAST PUPILS (sibling/s)* who attended ACS and year of completion @ Ashbourne C.S.	_____ _____
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Does the child have any sibling/s* <b>currently</b> attending this school?	Name, Age, Year Group
	Name, Age, Year Group
	Name, Age, Year Group

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

# MEDICAL HISTORY

*This information is 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.*

**In order to enrol your child into the Special Class, you child MUST have a diagnosis of ASD**

**Have you included an uptodate psychological assessment with your application?.....Yes  No**

**Is your child enrolled in an ASD Unit/Special Class in Primary School?..... -+ ....Yes  No**   
*(delete as appropriate)*

**IF NO:**

**Do you have either a letter from your service provider OR statement in psychological report stating that your child needs to be enrolled in an ASD unit? ....Yes  No**

**IS ACS your nearest ASD /Special Class facility? - ....Yes  No**

<b>CODE OF BEHAVIOUR</b>	Please sign below to indicate <b>that the School Code Of Behaviour is acceptable</b> 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 <a href="http://www.ashcom.ie">www.ashcom.ie</a> or from the school office.
<b>SIGNED:</b>	<div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> Parent/Guardian

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

**Signature:** \_\_\_\_\_  
Parent/Guardian

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

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

<b>CHECK LIST – HAVE YOU PROVIDED</b>	Enclosed	Received by office
ORIGINAL Birth Cert (for photocopying by our office)		
Enclosed 2 original ( <u>different</u> ) 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 Admissions Application must be completed fully and returned to the school – this form will be enclosed with the letter of offer).**