

SCHOOL
APPLICATION
FOR ADMISSION
FORM

ATHBOY COMMUNITY SCHOOL APPLICATION FOR ADMISSION



YEAR GROUP PLACE REQUESTED _____(Eg: 1st, 2nd,3rd,4th,5th or 6th Year) Please specify.

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT.

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

Closing date for receipt of First Year Applications is last working day of October @ 2pm

OFFICE RECEIPT DATE STAMP

AND TIME

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
- 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.

Mother's Maiden Name

(g) Right to object and automated decision making/profiling.

Should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email: athboycs@eircom.net

For further information please see our school Data Protection Policy on our website https://athboycs.ie.

PERSONAL DETAILS (Required for Stage 1 of Application Process): Please indicate if you wish to apply for a place in our ASD class

(this will be a dual enrolment in both mainstream and our ASD class) 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)

EDUCATIONAL DETAILS	(Required for Part 1 of Applica	tion Process):	
Name of School Currently Attend	ling		
Address of School			
Roll Number of School			
Surname			
	ATIIDOV		
Relationship to child (mother/father/other guardian) please provide details	AIIDUI		
Phone Number			
Mobile Number for Messaging from School			
	phich text messages will be sent. Mobe of any change in your mobile number. To Parent/Guardian 1		
Contact E-mail Address Postal Address (if different from above)			
Correspondence should be addressed to	Mother □ OR Father □ OR Both parents/guardians □		
	State above Correspondence title i.e. Mr. & Mrs/Mrs/Mr + specify surname)		
Name(s) of PAST PUPILS (siblings) who attended this school and year of completion at the school			
Does the child have any	Name, Age, Class/Year		
siblings currently	Name, Age, Class/Year		
attending this school?	Name, Age, Class/Year		

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

Signature:	Parent/Guardian
Date:	
PRINT NAME:	
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 ONLY (to be presented for photocopying by our office staff). 	bill,

Failure to complete form fully and supply all necessary documentation will deem application invalid.

Please Note: False information will automatically disqualify applicant.

If/when a letter of offer is issued, we will require further information with regard to your child (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).



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