

Office Use Only:

SIB CT FD

Receipt No: _____



APPLICATION FORM FOR ADMISSION - 2021/2022

This is an application form for admission and does not constitute an offer of a place, implied or otherwise. Use of the word 'student' throughout this Application Form does not imply that the person on whose behalf this application is being made is regarded as having been accepted as a student of Coláiste na hInse.

Completed applications will be accepted from:

9am 2nd October 2020

The closing date for receipt of applications is:

28th October 2020 by 3pm sharp.

All Application Forms and accompanying documentation should be submitted BY POST. Registered post strongly recommended. Please retain proof of postage for added security and tracking.

For office use only

Coláiste na hInse
Coast Rd.,
Bettystown
Co. Meath

Date received:
____/____/____
School Stamp:

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

- 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).
- If applying for the special class, a relevant report completed within the previous twelve months.

Please tick the Year Group the student is applying to enter:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> First Year | <input type="checkbox"/> Transition Year | <input type="checkbox"/> Sixth Year |
| <input type="checkbox"/> Second Year | <input type="checkbox"/> Fifth Year | <input type="checkbox"/> LCA * (Sixth Year) |
| <input type="checkbox"/> Third Year | <input type="checkbox"/> LCA *(Fifth Year) | |

*LCA = Leaving Certificate Applied

If you selected LCA (Fifth Year) or LCA (Sixth Year) above, please also confirm if this application is being made for:

LCA Only OR LCA or the mainstream Year Group

Please complete all sections of the following application using BLOCK CAPITALS

SECTION 1 - PROSPECTIVE STUDENT DETAILS

Details of the young person for whom this application is being made.

First Name:											
Middle Name:											
Surname:											
Student Address:											
Eircode:											
PPSN:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

SECTION 2 – DETAILS OF PARENT/GUARDIAN

This section is NOT required to be completed where the student is over 18, unless s/he wishes the school to communicate with his/her parent/guardian about this application instead of directly with the student. The 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:		

Eircode:		
Telephone no.		
Email address:		
Relationship to student:		

SECTION 3 – STUDENT CODE OF BEHAVIOUR

Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if s/he secures a place in the school. Please note that the Code of Behaviour can be found at <https://colaistenahinse.ie/images/pdfs/CNICodeofBehaviour.pdf> or from the school office.

I _____ confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if s/he secures a place in the school.

SECTION 4 – SPECIAL CLASS (An Cuan)

*The special class in Coláiste na hInse 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 **and/or** the mainstream year group:

Where the student is seeking a place in the special class, please provide details below of the special educational need(s) of the student. A Relevant Report confirming the special educational need and the recommendation for the special class, completed within the last 12 months, must also be provided to the school with this Application Form so as to be considered for admission to the special class.

Please note as per the school's Admission Policy, eligibility for the special class is subject to the Student having needs which fall within the category of special educational needs provided by the special class and for transfer students, is subject to there being a place available in the relevant year group.

Details of special educational need:

SECTION 5 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements in accordance with the order of priority as set out in the applicable section of Part B of the Admission Policy for Coláiste na hInse.

A. Please confirm the student'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:	

B. If the student currently has any siblings in this school, please indicate their names and current year of study.

(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	
(iv) Name:	
Year:	

C. If the student has previously had any siblings in the school please indicate their names and years of attendance.	
(i) Name:	
Year:	
(ii) Name:	
Year:	

D. Please provide details of the primary school attended by the student.	
School name:	
School address:	
Roll Number:	

IMPORTANT INFORMATION:

- You are required to submit 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 is 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 LMETB please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

NOTE: *Should the student receive a place in Coláiste na hInse, there is no guarantee that the student will be assigned his/her selected subject choice due to resource issues and/or restrictions on the numbers of students per class.*

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

(Student [where over 18])

(Date)

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

DATA PROTECTION

The Board of Management of Coláiste na hInse is a committee of LMETB, Abbey Rd., Navan, Co. Meath, which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for LMETB is Sinead Barry and can be contacted at LMETB, Abbey Rd., Navan, Co. Meath

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 LMETB is subject.

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 LMETB 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 student 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 LMETB's Data Retention Policy, which can be found at

<https://www.lmetb.ie/wp-content/uploads/sites/21/2019/08/Data-Protection-Policy-17-May-2018.pdf>

A copy of the full LMETB Data Protection Policy is available on:

https://www.colaistenahinse.ie/images/pdfs/20192020/LMETB_Data_Protection_Policy_17_May_2018.pdf 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 LMETB 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.