

PPSN:



<u>APPLICATION FORM FOR ADMISSION – 2023/2024</u>

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 Ardgillan College										
Completed application	ns will b	e accept	ted from	•		M	on 3 rd O	ctober 20	022 @ 9.	30am
The closing date for receipt of applications is:					Mon 24 th October 2022 @ 12pm					
All Application Forms and accompanying documentation MUST be sent to:				ation		F	or office	use onl	у	
<u>admissior</u>	ns@	<u>Paro</u>	gill	<u>anc</u>	c.i∈	21	Date red	/		
Please comple	te all s	ections o	of the fo	lowing a	pplica	atio	on using	вьоск с	APITALS	
	SEC	TION 1 -	PROSPE	CTIVE ST	UDEN	IT [DETAILS			
Details o	of the y	oung per	rson for v	vhom thi	s appl	lica	ition is be	eing mad	le.	
First Name:										
Middle Name:										
Surname:										
Student Address:										
Eircode:										
Date of Birth										





application: Recent proof of	you return the following docume address (only registered utility bills or nd in the name of the parent(s)/guard	bank statements dated within the last
Please tick the Year G First Year Second Ye		Fifth Year
	SECTION 2 – DETAILS OF PARENT/	GUARDIAN
the school to comr directly with the stud	required to be completed where the stomunicate with his/her parent/guardian dent. The information is sought for the ore than one name is given but the add issue and will be addressed to both	a about this application instead of purposes of making contact about dress is the same, only one letter will
	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:		





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 www.ardgillancc.ie 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			
The special class in Ardgillan College 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: \square OR The special class or the mainstream year group: \square			
Where the student is seeking a place in the special class, please provide details of the special educational needs of the student, including an Educational/Clinical Psychologist's report.			





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

•	will assist in determining whether the student meets the admission requirements ce with the order of priority as set out in the applicable section of Part B of the Admission Policy for Ardgillan College.
in the cat of this. (0	onfirm the student's address for the purpose of determining whether s/he resides tchment area. Please note that recent proof of address will be required in support Only registered utility bills or bank statements dated within the last three months be name of the parent(s)/guardian(s) will be accepted.)
Address:	
	dent currently has any siblings in this school, please indicate their names and year of study.
(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	
	ident's parent(s) is directly employed by DDLETB and working in Ardgillan please indicate their name.
(i) Namo	e:
(ii) Namo	e:

C. If the student's parent(s) is directly employed by DDLETB and working in Ardgillan College, please indicate their name.				
(i)	Name:			
(ii)	Name:			



(Student [where over 18])



D. Please provide details	of the current school attended by the student.				
School name:					
School address:					
IMPORTANT INFORMATION:					
	bmit recent proof of address - only registered utility bills or bank rithin the last three months and in the name of the will be accepted.				
is found that any of the	 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. 				
	It it is your responsibility to inform the school of any change in circumstances relating to this application.				
 For information regard see overleaf. 	ling how your data is processed by the school and DDLETB, please				
Please sign below to de	emonstrate that you have read and understood this information.				
	ve a place in Ardgillan College, there is no guarantee that the student ed subject choice due to resource issues and/or restrictions on the				
(Parent / Guardian 1)	(Date)				
(Parent / Guardian 2)	(Date)				
	<u> </u>				

(Date)





DATA PROTECTION

The Board of Management of Ardgillan College is a committee of DDLETB, 1 Tuansgate, Belgard Square East, Dublin 24, which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for DDLETB is Caitriona Murphy and can be contacted at info@ddletb.ie

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 DDLETB 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 DDLETB and externally with the NCSE and/or NEPS 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 DDLETB's Data Retention Policy, which can be found at www.ddletb.ie

A copy of the full DDLETB Data Protection Policy is available at www.ardgillancc.ie 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 DDLETB 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.

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