



CARRIGALINE COMMUNITY SCHOOL
School Application Form Part One

Thank you for considering Carrigaline Community School for your son/daughter. We at Carrigaline Community School aim to promote the holistic development of our students in a happy, caring, ordered and inclusive environment. We promote personal and academic excellence, together with a strong sense of social responsibility based upon the principle of mutual respect.

This application is a two part process. Please complete this form (part 1), and return it to the school along with a copy of your child's birth certificate and a copy of two utility bills. Once this form has been processed, and if a place is being offered to your son/daughter, we will be in contact with you again with a letter of offer and the second part of the application form. The second part of the application form will be used to provide us with more detailed information about your son/daughter.

<p>Data Protection</p> <p>The personal data required from you on this Admissions Form is required for the purposes of:-</p> <ul style="list-style-type: none">• 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• fulfilling our other legal obligations• processing appeals, resolve disputes and defend litigation etc. <p>1. You have the following statutory rights that can be exercised at any time:</p> <ul style="list-style-type: none">(a) The right to complain to supervisory authority.(b) The right of access.(c) The right to rectification.(d) The right to be forgotten.(e) The right to restrict processing.(f) The right to data portability.(g) The right to object and automated decision making/profiling. <p>For further information please see our school Data Protection Policy on our website www.carrigcs.ie</p> <p>PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT</p>	<p>OFFICE RECEIPT DATE STAMP AND TIME</p>
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Is this application for MAINSTREAM? or ASD SPECIAL CLASS? [Please tick]

Year group to which this application is being made:	
1 st Year	<input type="radio"/>
2 nd Year	<input type="radio"/>
3 rd Year	<input type="radio"/>
4 th Year	<input type="radio"/>
5 th Year	<input type="radio"/>
LCA1	<input type="radio"/>
6 th Year	<input type="radio"/>
LCA2	<input type="radio"/>

1. PERSONAL DETAILS

Student First Name	
Student Surname	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Name by which you would like your child to be called on class rolls etc <i>(if different to above)</i>	
Home Address	
	EIRCODE:
Date of Birth	
Copy of Birth Cert attached	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please tick <input checked="" type="checkbox"/> appropriate box)</i>
Birth Certificate Forename <i>(if different to above)</i>	
Birth Certificate Surname <i>(if different to above)</i>	
Country of Birth	
Mother's Maiden Name	

2. FAMILY DETAILS

	Parent/Guardian 1	Parent/Guardian 2
First Name(s)		
Surname		
Relationship to child <i>(e.g. mother/father/ other guardian/step parent)</i>		
Mobile Phone Number		

To reduce costs, we ask that you where possible, please indicate **ONE** of the contacts to which text messages will be sent. If you require both parents to be contacted with all messages etc. please indicate below.

Please send text messages to;

Parent/Guardian 1 Parent/Guardian 2 Both parents/guardians

(Please tick one box only)

Please make sure the School is aware of any change to your mobile number(s)

Term reports and other information around attendance etc can be viewed on the Vsware app. Do you require a username for

Parent/Guardian 1?

Parent/Guardian 2?

Both parents/guardians?

(Please tick one box only)

Contact E-mail Address

Postal Address *(if different from the address specified for the student above)*

Name(s) of Brothers/Sisters that are currently attending this school.

Name

Year Group

Name(s) of PAST PUPILS (brothers and/or sisters) who attended this school and year of completion at the school.

Name

Year of completion

3. EDUCATIONAL DETAILS

Name & address of school your child is currently attending

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

Signature: _____
Parent/Guardian

Date: _____

PRINT NAME: _____

Please return this form to Carrigaline Community School before the closing date for incoming first years (as outlined on our website), or as soon as possible if requesting a transfer into our school.

This form must be accompanied by

- A copy of child's birth certificate
- A copy of two utility bills

Where 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).