



APPLICATION FORM FOR ADMISSION – 2022/2023

or otherwise. Use of the person on who	n form for admission and does not conthe the word 'student' throughout this Appose behalf this application is being mo accepted as a student of St Kevin's Con	pplication Form does not imply that ade is regarded as a having been		
Completed application	ns will be accepted from:	1/10/21		
The closing date for re	eceipt of applications is:	22/10/21		
All Application Forms	and accompanying documentation	For office was only		
	nould be sent to:	For office use only		
Fonthill Road, Clondalkin,		Date received:		
Dublin 22		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).] Please tick the Year Group the student is applying to enter:				
First Year Third Year Second Year Sixth Year				
Please complete all sections of the following application using BLOCK CAPITALS				
	SECTION 1 - PROSPECTIVE STUDE	NT DETAILS		
Details o	of the young person for whom this app	plication is being made.		
First Name:				
Middle Name:				
Surname:				
Student Address:				

Eircode:										
PPSN:										
FF3IN.										
SECTION 2 – DETAILS OF PARENT/GUARDIAN										
This section is <u>NOT</u> r	=		· · · · · ·							
the school to comm			=	_						-
directly with the stud this application. If mo		-				-	-	_		
ems approactom if me			_	essed to				ue, 0	, 0110 100	
		Parent	/ Guard	ian 1		Parent / Guardian 2				
Prefix: (e.g. Mr. /										
Ms. / Ms. etc.)										
First Name:										
Surname:										
Address:										
Eircode:										
Elicode:										
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 www.stkevinscc.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 St Kevin's Community 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

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 St Kevin's Community College.

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:		
	dent currently has any siblings in this school, please indicate their names and rear of study.	
(i) Name:		
Year:		
(ii) Name:		
Year:		
(iii) Name:		
Year:		
	dent has previously had any siblings in this school, please indicate their names s of attendance.	
(i) Name:		
Year(s):		
(ii) Name:		
Year(s):		

	lent's parent(s) or grandparent(s) previously attended this school, please neir name(s) and years of attendance.
(iii) Name:	
Year(s):	
(iv) Name:	
Year(s):	
E. Please pro	ovide details of the primary school attended by the student.
School name:	
School address:	

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 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 DDLETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

NOTE: Should the student receive a place in St Kevin's Community College, 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 St Kevin's Community College is a committee of DDLETB, 1 Tuansgate, Belgard Square East, Tallaght, 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 Catriona Murphy and can be contacted at dataprotection@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 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.stkevinscc.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.