



## **APPLICATION FORM FOR ADMISSION –2024/2025**

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 a having been accepted as a student of St Kevin's Community College.					
Completed applications will be accepted from:		2/10/23			
The closing date for receipt of applications is:		20/10/23			
All Application Forms and accompanying documentation should be sent to:		For office use only			
St Kevin's Community College Fonthill Road, Clondalkin Dublin 22 D22K314	Date receive Birth Cert Re Proof of Add School Stam	eceived:			
<ul> <li>[Please ensure you return the following documents to the school to complete the application:</li> <li>Recent proof of address (only registered utility bills for the address dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted).</li> <li>If applying for the Special Class, a Relevant Report completed within the previous 24 months.</li> </ul>					
Second Year	Fransition Yea Fifth Year C.Α.* (Fifth Y	Sixth Year  L.C.A.* (Sixth Year)  *LCA = Leaving Certificate	•		
application is being made for:	ICA or the	mainstream Year Group:			

Please complete all sections of the following application using BLOCK CAPITALS									
SECTION 1 - PROSPECTIVE STUDENT DETAILS									
Details (	of the y	oung per	rson for v	vhom thi	s appli	cation is b	eing mad	de.	
Student First Name:									
Middle Name:									
Student Surname:									
Student Address:									
Eircode:									
PPSN:									
			I				<u> </u>		
	SEC	TION 2 –	DETAILS	OF PAR	ENT/G	UARDIAN			
This section is <u>NOT</u> 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: ( <i>e.g.</i> Mr. / Ms. / Ms. <i>etc</i> .)									
First Name:									
Surname:									
Address:									
Firendo.									

Telephone no.				
Email address:				
Relationship to student:				
	SEC	TION 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 th	ne student's parent/guar	dian and I shall make all reasonable	
efforts to ensure com	pliance by tl	he student if s/he secure	s a place in the school.	
		SECTION 4 – SPECIAL CLA	ASS	
The special class in St Kevin's Community College teaches students who have Autism Spectrum  Disorder  Please <u>ONLY</u> complete if you are applying for the special class.				
Please confirm if this a			joi tile special class.	
The special class only:	□ <u>OR</u>	(Tick this box if you are	or the mainstream year group:  applying for a place in the mainstream no places in the special class.)	
educational need(s) of the recommendation provided to the school class. Please note: as per th	the student for the spec with this App e school's A	. A Relevant Report conficial class, completed wit plication Form so as to be dmission Policy, eligibility	ase provide details below of the special rming the special educational need and hin the last 24 months, must also be considered for admission to the special y for the special class is subject to the all educational needs provided for by the	
special class, as confiring place available in the re			udents, is also subject to there being a	
Details of special educa	ational need:	:		
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## SECTION 6 – 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.

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 for the address, 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 year of study.		
(i) Name:			
Year:			
(ii) Name:			
Year:			
(iii) Name:			
Year:			
(iv) Name:			
Year:			

	lent has previously had any siblings in this school, please indicate their names of attendance.
(i) Name:	
Year(s):	
(ii) Name:	
Year(s):	
D. If the stud	lent's parent(s) or grandparent(s) previously attended this school, please
indicate tl	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 two distinct registered utility bills in relation to the address, dated within the last three months and in the name of the parent(s)/guardian(s).
- 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, No.1 **Tuansgate**, Belgard Square East, Tallaght, Dublin 24 D24X62W 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 1 Tuansgate Belgard Square East, Tallaght, Dublin 24, D24X62W.

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, or as part of, 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. It may also be shared with Tusla Education Support Services for the purpose of assisting the student with education and training opportunities, in line with section 28 of the Education (Welfare) Act 2000.

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 <a href="https://www.stkevinscc.ie">www.stkevinscc.ie</a> 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.