

# Cover Sheet for Admissions Application Form for Second - Sixth Year 2024-2025. Application Forms must be complete to be processed.

Name of Student Applicant:	
Email contact for parent/quardians (we will use this email address to email a receipt for the completed application form)	
Address:	
Current Post-Primary School:	
Name of Sibling(s) who attended Coláiste De Lacy (if any):	

## Please note:

This application form is for use when applying to transfer during the <u>next school year</u>, i.e., the 2024-2025 academic year.

Transfer applications for the next academic year i.e., the 2024-2025 academic year will be accepted from 09:00 am on 1<sup>st</sup> May 2024 to 12:00 pm on 22<sup>nd</sup> May 2024. All applications received after that date will be considered as late.

There is no guarantee of subjects/levels if an application is successful.



## **COLÁISTE DE LACY**



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

This is an application form for admission and does not cor or otherwise. Use of the word 'student' throughout this Ap the person on whose behalf this application is being mo accepted as a student of Coláiste	oplication Form does not imply that ade is regarded as a having been				
Completed applications will be accepted from:	09:00am on 01/05/2024				
The closing date for receipt of applications is:	12:00pm on 22/05/2024				
All Application Forms and accompanying documentation should be sent to:	For office use only				
The Principal Coláiste De Lacy, Ashbourne Education Campus, Ashbourne, Co Meath A84 TW90	Date received:// School Stamp:				
Please ensure you return the following documents to the school to complete the application:  If applying for the Special Class, a Relevant Report completed within the previous 12 months.  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  Second Year  Transition Year	Fifth Year				
Please tick if you are making an application to repeat a year Letter M02/95):	ar (in accordance with Circular				

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:										
	SEC	TION 2 –	DETAILS	OF PAR	ENT/	GU/	ARDIAN			
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: (e.g. Mr. / Ms. / Ms. etc.)										
First Name:										
Surname:										
Address:										
Fircodo:										

Telephone no.					
Email address:					
Relationship to student:					
	SECT	ION 3 – STUDENT CODE	OF BEHAVIOUR		
that you shall make a	ill reasonable he school. I	e efforts to ensure comp Please note that the C	table to you as a parent/guardian and bliance of same by the student if s/he code of Behaviour can be found at		
I		confirm	that the Code of Behaviour for the		
school is acceptable	to me as the	e student's parent/guar	dian and I shall make all reasonable		
efforts to ensure com	efforts to ensure compliance by the student if s/he secures a place in the school.				
		SECTION 4 – SPECIAL CL	ASS		
special edu		•	o have one or more of the following		
Plea		plete if you are applying	order, Asperger Syndrome. for the special class.		
Please confirm if this a	ise <u>ONLY</u> com	plete if you are applying			
Please confirm if this a	se <u>ONLY</u> com pplication is b	nplete if you are applying being made for: The special class and/ <u>o</u> (Tick this box if you are			
Please confirm if this a The special class only: I Where the student is s educational need(s) of the recommendation	pplication is because ONLY composition is because of the species o	piplete if you are applying being made for:  The special class and/o (Tick this box if you are class even if there are rein the special class, ple A Relevant Report confinial class, completed wit	for the special class.  r the mainstream year group: □ applying for a place in the mainstream		
Please confirm if this and the special class only: I where the student is seducational need(s) of the recommendation provided to the school class.  Please note: as per the Student having needs we have the student formula to the school class.	eeking a place the student. for the specimith this Appoint with the student and the school's Activities and by the N	peing made for:  The special class and/o (Tick this box if you are class even if there are reference in the special class, ple A Relevant Report confinial class, completed with olication Form so as to be dissipated that the category of special class, and for transfer states.	r the mainstream year group: □ applying for a place in the mainstream no places in the special class.) ase provide details below of the special rming the special educational need and hin the last 24 months, must also be		

## 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 De Lacy.

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:				
Eircode				
	ident currently had any siblings in this school, please indicate their names and attendance.			
(i) Name:				
Year:				
(ii) Name:				
Year:				
(iii) Name:				
Year:				
(iv) Name:				
Year:				

C. Please provide details of the current post-primary school(s) attended by the student.					
Current school:					
School Roll Nº:					
School address:					
Other school attended:					
School Roll N°:					
School address:					
D. Please provide a list of subjects & levels currently being studied by Applicant (in their current post-primary school).					

#### **IMPORTANT INFORMATION:**

(Parent / Guardian 1)

- 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.
- Please read the Admissions Policy before submission of this form
- Please read the Code of Conduct before submission of this form. It is also advisable to read the associated school policies such as the Uniform Code, Acceptable Usage Policy, Mobile Phone Policy...etc. All of these policies are on www.colaistedelacy.ie.
- 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 De Lacy, 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.

(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 De Lacy is a committee of LMETB, Administrative Offices, Abbey Road, 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 Nicola Horgan and can be contacted at LMETB, Administrative Offices, Abbey Road, Navan, Co Meath, 046 9068200 or by emailing dataprotection@Imetb.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 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, or as part of, this Application Form may be communicated internally within LMETB 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, and/or the Department of Education, 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 LMETB's Data Retention Policy, which can be found at www.lmetb.ie.

A copy of the full LMETB Data Protection Policy is available at www.colaistedelay.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 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.