(d) Right to be forgotten.(e) Right to restrict processing.(f) Right to data portability.

St. Kilian's Community School



APPLICATION FORM for Admission to 1st Year 2022/2023

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT.
PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

Closing date for receipt of application form is November 12th 2021 at 4.00pm

Data Protection The personal data required from you on this admissions form (part 1) is required for the purposes of: • 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 • to fulfil our other legal obligations • to process appeals, resolve disputes and defend litigation etc. 1. You have the following statutory rights that can be exercised at any time: (a) Right to complain to supervisory authority. (b) Right of access. (c) Right to rectification.

(g) Right to object and automated decision making/profiling.

For further information please see our school Data Protection Policy on our website. Should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email: admin@stkilianscs.com

1. PERSONAL DETAILS (required for St	age 1 of application process)				
Student Surname					
Student First Name(s)					
Home Address					
	[-· ·				
County	Eircode:				
Date of Birth	/ /				
Birth Certificate Attached	Yes ☐ No ☐ (Please tick √ appropriate box)				
Birth Certificate Forename (if different to above)					
Birth Certificate Surname (if different to above)					
Mother's Maiden Name					
2. EDUCATIONAL DETAILS (REQUIRED FOR STAGE 1 OF APPLICATION PROCESS)					
Name of Primary School (currently attending)					
Address of Primary School (currently attending)					
Roll Number of Primary School					
(currently attending)					

	PARENT/GUARDIAN 1			PARENT/GUARDIAN 2	
rname				•	
rst Name(s)					
elationship to Student					
other/Father/Guardian					
ther). If 'Other', please ovide details					
one Number					
bile Number for					
ssaging from School					
se indicate <u>ONE</u> numbe	r, which may be used for com	muni	cation in rel	ation to this application.	
ile Number:					
tact E-mail					
ress tal Address					
ifferent from					
ent's)					
Who should receive orrespondence?	Mother only		Title:	Surname:	
	Father only	П	Title:	Surname:	
	Tatrier only				
	Guardian only		Title:	Surname:	
	Two Parents/Guardians		Title 1:	Surname 1:	
	Two Farenes, Gaardians		Title 2:	Surname 2:	
Names of siblings who previously attended St. Kilian's CS.	•		(Years: _	to)	
	•		(Years: _	to)	
	•		(Years: _	to)	
Please state the years of	•			to)	
ndance.					
Names of siblings currently attending	•	• (Class:)			
	• (Class:)				
Kilian's CS.	• (Class:)				
	•)	

"I DECLARE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT"						
Signature:		Date:				
	Parent/Guardian					
Print Name:						

CHECKLIST:

Have you enclosed the following for photocopying by the Office Staff:

- Original Birth Cert of student?
- Two original utility bills e.g. Electricity, Gas, Landline, showing the home address?

Have you:

- Completed and signed all relevant sections?
- Ticked all relevant boxes?
- Enclosed two passport-size photos of the student?

Failure to complete form fully and supply all necessary documentation will deem application invalid.

If/when a letter of offer is issued, we will supply you with Part 2 of the Application Form. This involves all further required information regarding your son/daughter.

This form must be completed fully and returned to the school, within the specified timeframe.