(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 2024/2025

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

Closing date for receipt of application form is October 23rd 2023 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 S	tage 1 of application process)	
Student Surname		
Student First Name(s)		
Home Address		
Country	Fina	a da .
County	Eirce	oae:
Date of Birth	//	
Birth Certificate Attached	Yes ☐ No ☐ (Please tick √ appro	priate box)
Birth Certificate Forename (if different to above)		
Birth Certificate Surname (if different to above)		
Mother's Maiden Name		
2. EDUCATIONAL DETAILS (REQU	IRED 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)		

		S (REQUIRED FOR SCHOOL ENROLMENT A			
urname	PAKENI/GUAI	KUIAN	NT	PARENT/GUARDIAN 2	
<u> </u>					
irst Name(s) elationship to Student					
Mother/Father/Guardian					
Other). If 'Other', please					
rovide details					
hone Number					
Nobile Number for					
Messaging from School					
	r, which may be used for com	muni	cation in re	lation to this application.	
<u>lobile Number:</u> ontact E-mail					
ontact E-maii .ddress					
ostal Address					
f different from					
udent's)					
Who should receive correspondence?			Title:	Surname:	
	Mother only				
	Father only		Title:	Surname:	
	Guardian only		Title:	Surname:	
	Guardian only				
	Two Parents/Guardians		Title 1:	Surname 1:	
			Title 2:	Surname 2:	
Names of siblings who previously attended St. Kilian's CS.	•			to)	
	•			to)	
	•			to)	
Please state the years of			(Years:	to)	
tendance.					
Names of siblings currently attending St. Kilian's CS.	•		(Class: _)	
	• (Class:)				
	•		(Class: _)	
	•		(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.