

## Coláiste Abbain Adamstown

## **Application Form: 1st Year Entrant**

(Application for enrolment does not guarantee acceptance. Please note that the school Enrolment Policy may change over time)

Proposed date	of entry to this college	: August 2018 or	August 2019
Student's Name			☐ Male ☐ Female
	Surname	First Name	-
Date of Birth:		PPS Number:	
Nationality:		Religion (if any):	
Address:		Mother's Maiden Name:	
Mother's Name:		Occupation:	
Address: (if different to above) Mother's phone:	Landline	Mobile	Work
Father's name:		Occupation:	
Address: (if different to above)	Landina	Makila	] west
Father's phone:  Preferred number of text message	-	Mobile	Work
Parent/Guardian	correspondence title:		
Does any legal or should be made a	rder exist under Family La aware?	w of which the college	□ Yes □ No
If parents are not correspondence f	□ Yes □ No		

Does this student have any health problems or disability?				res □ No		
			(if yes	s, please give details below)		
	dent exempt from the study of Iris ase state reason & attach proof of	_ Y	∕es □ No			
Name of F	Primary school(s) attended					
Address of primary school attended						
	·					
Please tici	k the following to indicate your agr	reement:				
his/he	permission for Coláiste Abbain to accer r transfer to second level education chiatric reports.					
☐ I understand that if my son/daughter is offered a place at Coláiste Abbain that they will be subject to the Code of Behaviour and all other policies and procedures of that college.						
☐ I understand that I must attend a meeting with the Principal/Deputy Principal as part of the enrolment procedure for Coláiste Abbain, and that a place will not be offered to my child until after such a meeting takes place.						
Coláiste Abbain may take photographs or video recordings of students for college records, as part of coursework, during extra curricular activities and other college events. Photos of my child may be displayed in the college and may be used for publicity including on the college website and /or social media.						
Signed:		Signed:				
!	Parent/Guardian	<u></u>	Parei	nt/Guardian		
Date:		Date:				

## Please note:

- All applications must be accompanied by a birth certificate.
- The PPS number of the applicant must be included on the application form. This is available from his/her current school or from your local social welfare office.

## Personal Data on this Form

Waterford Wexford ETB is registered as a Data Controller under the Data Protection Acts 1988 and 2003. (A copy of the full Data Protection Policy of Waterford Wexford ETB is available on request from The CEO, Waterford Wexford ETB, Ardcavan Business Park, Ardcavan, Co Wexford.) The personal data supplied on this application form is required for the purposes of student enrolment, registration, administration, child welfare and to fulfil our other legal obligations. Contact details will also be used to notify you of school/WWETB events or activities. While the information provided will generally be treated as confidential to Waterford Wexford ETB, from time to time it may be necessary for us to exchange personal data on a confidential basis with other bodies including the Department of Education & Science, the Department of Social & Family Affairs, An Garda Síochána, the Health Service Executive, the National Educational Welfare Board or with another school (where the student is transferring). We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your/your child's personal data you should write to the school Principal.