

## Application Form for Admission to First Year- 2025/2026

|  |   |
|--|---|
| 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 having been accepted as a student of Castleknock Community College. |   |
| Completed applications will be accepted from:  | Monday 7 <sup>th</sup> October 2024                     |
| The closing date for receipt of applications is:   | Friday 25 <sup>th</sup> October 2024 @ 12.00p.m. (Noon) |

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| <ul style="list-style-type: none"> <li>All Application Forms and accompanying documentation should be delivered in person to the Main office at Castleknock Community College.</li> <li>The College does not accept postal or emailed applications.</li> <li>Applications are for the attention of:</li> </ul> |
| Mr John Cronin, Principal, Castleknock Community College, Carpenterstown Road, Dublin 15   |

Please indicate if you wish to be considered for a First Year Place or a Place in the Special Class or both

| Please tick below one of the following |  |
|--|--|
| First Year Place Only                  |  |
| First Year Special Class Place Only    |  |
| First Year & Special Class             |  |

Recent proof of address (only utility bills or bank statements dated within the last **three months** and in the name of the parent(s)/guardian(s) **only** will be accepted).

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Please complete all sections of the following application using BLOCK CAPITALS |  |  |  |  |  |  |  |  |  |  |  |
| SECTION 1 - PROSPECTIVE STUDENT DETAILS  |  |  |  |  |  |  |  |  |  |  |  |
| <i>Details of the young person for whom this application is being made.</i>    |  |  |  |  |  |  |  |  |  |  |  |
| First Name:  |  |  |  |  |  |  |  |  |  |  |  |
| Middle Name:   |  |  |  |  |  |  |  |  |  |  |  |
| Surname:   |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth:   |  |  |  |  |  |  |  |  |  |  |  |
| Student's Address:   |  |  |  |  |  |  |  |  |  |  |  |
|  | Eircode:   |  |  |  |  |  |  |  |  |  |  |
| PPSN:  | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

| SECTION 2 – DETAILS OF PARENT/GUARDIAN  |                          |                          |
|---|--------------------------|--------------------------|
| <p>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 be issued and will be addressed to both individuals.</p> |                          |                          |
|   | Parent / Guardian 1      | Parent / Guardian 2      |
| Prefix: (e.g. Mr. / Ms. / Ms. etc.)   |                          |                          |
| First Name:   |                          |                          |
| Surname:  |                          |                          |
| Address:  |                          |                          |
|   |                          |                          |
|   |                          |                          |
|   |                          |                          |
|   |                          |                          |
| Eircode:  |                          |                          |
| Telephone no.*  | <input type="checkbox"/> | <input type="checkbox"/> |
| Email address:  |                          |                          |
| Relationship to student:  |                          |                          |

**\*Please tick One mobile telephone number which should be used by the College for text messages**

**SECTION 3 – 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 Section 5 of the Admission Policy for Castleknock 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 utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) only will be accepted

|          |  |
|----------|--|
| Address: |  |
|          |  |
|          |  |

**B.** If the student currently has any siblings in this school, please indicate their names and current year of study. Please note Section 5.1.2 Page 12 of the Admissions Policy & Procedures 2025-2026.

|            |  |
|------------|--|
| (i) Name:  |  |
| Year:      |  |
| (ii) Name: |  |
| Year:      |  |

**C.** If the student has previously had any siblings in this school, please indicate their names and years of attendance. Please note Section 5.1.2 Page 12 of the Admissions Policy & Procedures 2025-2026.

|            |  |
|------------|--|
| (i) Name:  |  |
| Year(s):   |  |
| (ii) Name: |  |
| Year(s):   |  |

|   |              |            |
|---|--------------|------------|
| D. Please provide details of the Primary School & Roll Number attended by the Applicant at the time of application. |              |            |
| School Name:  |              |            |
| Dates Attended  | <i>From:</i> | <i>To:</i> |
| School Roll Number:   |              |            |
| School address:   |              |            |
|   |              |            |
|   |              |            |

|   |
|---|
| <b>SECTION 4 - STUDENT CODE OF BEHAVIOUR</b>  |
| <p>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 <a href="http://www.castleknockcc.ie">www.castleknockcc.ie</a> or from the school office.</p>   |
| <p>I _____ confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if s/he secures a place in the school.<br/>OR, in the case where the Applicant is over 18 years of age:</p> <p>I _____ (Student's Name) confirm that the Student Behaviour Policy for the College is acceptable to me and I shall ensure my compliance with the Code if I secure a place in the school.</p> |

**IMPORTANT INFORMATION:**

- You are required to submit:
  - (i) An original birth-certificate, and
  - (ii) Recent proof of residence - utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) only will be accepted – please see Page 5 for details on proof of residence.
- 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 Dublin & Dun Laoghaire ETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

*NOTE: Should the student receive a place in Castleknock CC, 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.*

**Please tick that you have read and accept the terms of the Admissions Policy**

\_\_\_\_\_  
 (Parent / Guardian 1)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Parent / Guardian 2)

\_\_\_\_\_  
 (Date)

## DATA PROTECTION – Summary Document

The Board of Management of Castleknock Community College is a committee of Dublin & Dun Laoghaire ETB, (1, Tuansgate, Belgard Square East, Tallaght, Dublin 24), which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for Dublin & Dun Laoghaire ETB can be contacted at [dataprotection@ddletb.ie](mailto:dataprotection@ddletb.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 Dublin & Dun Laoghaire ETB 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 this Application Form may be communicated internally within Dublin & Dun Laoghaire ETB 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. 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 Dublin & Dun Laoghaire ETB Data Retention Policy, which can be found at [dataprotection@ddletb.ie](mailto:dataprotection@ddletb.ie)

A copy of the full Dublin & Dun Laoghaire ETB Data Protection Policy is available at [www.castleknockcc.ie](http://www.castleknockcc.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 Dublin & Dun Laoghaire ETB 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.

## Application Form - Checklist

| Sections to be completed in advance of your application   | Reference   | Yes | No |
|---|-------------|-----|----|
| Have you included all contact details as set out on Pages 1 & 2?  | Pages 1 & 2 |     |    |
| Have you and your daughter/son completed the relevant section relating to the Student Behaviour Policy on Page 4 of the Application Form? | Page 4      |     |    |
| Have you ticked the box on Page 5 indicated that you have read and accept the terms of the Admissions Policy?                             | Page 5      |     |    |
| Have you signed the relevant section at the bottom of Page 5?   | Page 5      |     |    |
| Have you read all sections of the Data Protection Summary Document on Page 6?   | Page 6      |     |    |

| Documentation to be included with this application                | Yes | No |
|---|-----|----|
| Two utility bills (Different companies)                           |     |    |
| Original Birth Certificate  |     |    |
| Relevant Report – Required for applications to Special Class Only |     |    |

- **All applications must be delivered in person to the main office at Castleknock Community College.**
- **The College does not accept postal or emailed applications.**
- **Please note that any incomplete applications will not be processed.**

Application forms can only be accepted at the following times:

- Monday, Tuesday, Thursday & Friday 9.30a.m. to 11.30a.m. & 1.30p.m. to 3.30p.m
- Wednesday 9.30a.m. to 11.30a.m.

**Office Use Only:**

Date Application Received: \_\_\_\_\_

Checked by: \_\_\_\_\_

Date entered on School Database: \_\_\_\_\_

Entered by: \_\_\_\_\_

## Enrolment for First Year: 2025-2026 - Acknowledgement

Parent(s)/Guardian(s),

This form will be returned to you as acknowledgement that your child's application has been received by the college authorities.

*Please complete the section below entitled: Acknowledgement of receipt of Application Form for 1<sup>st</sup> Year 2025 -2026.*

John Cronin, Principal.

### Acknowledgement of Receipt of Application Form for 1<sup>st</sup> Year 2025

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_

#### OFFICE USE ONLY

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

School Stamp:

