



ABBAY VOCATIONAL SCHOOL
APPLICATION FORM FOR ADMISSION - 2019/2020

<i>This is an application form is for admission and does not constitute an offer of a place, implied or otherwise.</i>	
The closing deadline for receipt of application is:	Monday, 10th December 2018

Please complete all sections of the following application using BLOCK CAPITALS																									
SECTION 1 - APPLICANT DETAILS																									
<i>Details of the young person for whom this application is being made.</i>																									
First Name:																									
Middle Name:																									
Surname:																									
Address:	Line 1:																								
	Line 2:																								
	Line 3:																								
Eircode:																									
PPSN:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																								
Date of Birth:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th align="center" colspan="3">Day</th> <th align="center" colspan="3">Month</th> <th align="center" colspan="6">Year</th> </tr> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>	Day			Month			Year																	
	Day			Month			Year																		
Proposed Year-Group	<i>(e.g. First Year, Second Year etc.)</i>																								

SECTION 2 – DETAILS OF PARENT/GUARDIAN

*This section is **NOT** required to be completed where the Applicant is over 18, unless s/he wishes the school to communicate with his/her parent/guardian. 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:		
Eircode:		
Mobile Phone no.		
House Phone no.		
Work Phone no.		
Email address:		
Relationship to Applicant		
If there are any orders or other arrangements in place relating to access to or custody of the Applicant, please provide details.		

Please indicate whether SMS text messages are to be sent to: Parent 1 Parent 2

Other Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship to Applicant: _____

SECTION 3 - ADMISSIONS CRITERIA

This information will assist in determining whether the Applicant meets the admission requirements. The list of questions is not in order of priority.

A. Please confirm the Applicant's gender for the purpose of determining eligibility in line with the school's Admission Policy.

Male

Female

B. Please confirm the Applicant's address for the purpose of determining whether s/he resides in the catchment area.

Address:

C. If the Applicant currently has any siblings in this school, please indicate their names and current year of study.

(i) Name:

Year:

(ii) Name:

Year:

(iii) Name:

Year:

(iv) Name:

Year:

D. If the Applicant has previously had any siblings in this school, please indicate their names and years of attendance.	
(i) Name:	
Year(s):	
(ii) Name:	
Year(s):	

E. Please provide details of the Primary School attended by the Applicant.	
School name:	
School address:	

SECTION 4 - EDUCATIONAL DETAILS

Required for the assessment of individual educational needs

Pursuant to sections 20 and 28 of the Education (Welfare) Act 2000, the school may also receive educational records of the Applicant from a school(s) previously attended by the Applicant.

Irish Language Information

Is the Applicant currently studying Irish?	Yes		No	
If you answered no, please outline the reason why: PLEASE PROVIDE A COPY OF IRISH EXEMPTION IF APPLICABLE				

Resource and Special Educational Needs information

Does the Applicant have any special educational needs?	Yes		No	
If you answered YES, please give details of the special educational need:				
Has the Applicant been in receipt of learning support or resource hours in his/her primary school?	Yes		No	
If yes, for how many years:				
Has the Applicant received EAL (<i>English as an Additional Language</i>) support?	Yes		No	
If yes, for how many years:				

Other relevant information

Please provide details of any other education related information regarding the Applicant which you deem appropriate to share with the school?

SECTION 5 - MEDICAL DETAILS

The following information is requested in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff in certain circumstances in the vital interest of the Applicant.

Please tick as appropriate	Yes	No	If yes, please provide details
Does the Applicant require glasses?			
Does the Applicant have hearing issues?			
Does the Applicant have allergies?			
Does s/he suffer from any medical condition that we should know about? For example, asthma, diabetes, epilepsy, etc.			
Is the Applicant on long term medication of which the school needs to be aware?			
Does s/he suffer from any medical condition that may necessitate the administration of emergency medicine/treatment on the school premises?			
Has the Applicant ever been referred to any outside agency? (<i>i.e.</i> Psychologist, Speech & Language Therapist, Occupational Therapist, Social Worker, etc.) If so, please provide copies of these reports to the school.			
Please list details of any serious medical/health concerns for the Applicant of which the school should be aware.			
Doctors Name:			
Doctors Address:			
Doctors Phone Number:			

In the event of serious illness or accident, the school will try to contact you, the parents/guardians, using the names and contact numbers as listed on this Form. If we cannot contact you by any of these means we will bring your child directly to a doctor / hospital.

F. Please confirm that the Code of Behaviour is acceptable to you and you shall make all reasonable efforts to ensure compliance by the Applicant if s/he secures a place in the school. Please note that the Code of Behaviour can be found at <http://www.avsdonegal.com/> or from the school office.

I _____ confirm that the Code of Behaviour for the school is acceptable to me and I shall make all reasonable efforts to ensure compliance by the Applicant if s/he secures a place in the school.

OR, in the case where the Applicant is over 18 years of age:

I _____ confirm that the Code of Behaviour for the school is acceptable to me and I shall ensure my compliance with the Code if I secure a place in the school.

IMPORTANT INFORMATION:

- You are required to submit copies of:
 - (i) An original long birth-certificate (together with a copy), and
 - (ii) 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;
 - (iii) For the purposes of identification, you are required to submit two identical passport-sized photographs of the Applicant when returning this Acceptance Form.
- 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 sign below to demonstrate that you have read and understood this information.
- All applications and accompanying documentation should be sent to:

**ABBHEY VOCATIONAL SCHOOL
The Glebe
Donegal Town
Co Donegal
F97 A409**

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

(Applicant [where over 18])

(Date)

FOR COMPLETION BY SCHOOL ADMINISTRATION ONLY

Date

School Stamp

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DATA PROTECTION

The Board of Management of Abbey Vocational School, a committee of Donegal ETB, Ard O'Donnell, Letterkenny, Co Donegal is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for Donegal ETB is Rosaleen Harkin and can be contacted at 074 9161600.

The personal data supplied on this Application Form is required for the purpose of:

- Assessment of admission criteria;
- Allocation of teachers and resources to the school; and
- School administration,
- Student enrolment & registration;
- Determining a student's eligibility for additional learning supports;
- Child welfare (including medical welfare) and
- To fulfil our other legal obligations including the election of parent/guardian representatives to the ETB under the Education and Training Boards Act, 2013,

all of which are tasks carried out pursuant to various statutory duties to which Donegal ETB is subject. The processing of the personal data supplied on this Application Form is therefore carried out in line with Article 6(c) of the General Data Protection Regulation.

Failure to provide the requested information may result in the withdrawal of an offer of a place in the school.

While the information provided will generally be treated as private to Donegal ETB and will be collected and used in compliance with the Data Protection Acts 1988 – 2018, from time to time it may be necessary for us to transfer the personal data to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, Tusla (CFA) social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) to another school/centre). We also may communicate some of the data 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. We rely on parents/guardians and students to provide us with accurate and complete information and to update us in relation to any change in the information provided.

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 provided in this Application Form will be kept for 7 years from the date on which the Applicant 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 Donegal ETB's Data Retention Policy, which can be found at www.donegaletb.com.

A copy of the full Donegal ETB Data Protection Policy is available at www.avsdonegal.com 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 Donegal 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.

CONTACT FROM THE SCHOOL

Please be advised that as part of the school's duties and responsibilities under relevant education legislation, upon the student's enrolment in the school, the school may contact parents/guardians in relation to the below:

- Educational progress of the student
- Sports days
- Parent-teacher meetings (where the student is under 18)
- School concerts/events
- School closure (*e.g.* where there are adverse weather conditions)
- Student's non-attendance or late attendance (where s/he is under 18)
- Student's conduct in school (where s/he is under 18)
- Student's social and emotional progress
- Any medical or other issue in the vital interest of the student