

**Coláiste Éanna**

***An Edmund Rice School***

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**APPLICATION FORM FOR ADMISSION TO AUTISM CLASS ONLY – 2025/2026**

**This class is currently full – in order to join the waiting list, please complete and submit this form**

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| ***This is an application form for admission and does not constitute an offer of a place, implied or otherwise.*** | |
| Completed applications will be accepted from: | Tuesday, 1st October, 2024. |
| The closing date for receipt of applications is: | 4pm on Tuesday, 22nd October, 2024. |

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| **Completed Application Forms and accompanying documentation should be sent by email to** [**admissions@colaisteeanna.ie**](mailto:admissions@colaisteeanna.ie) **or by hand or mail to:** | **For office use only** |
| Coláiste Éanna,  Hillside Park,  Ballyroan Road,  Rathfarnham,  Dublin 16.  D16 E248 | Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_  School Stamp: |

**[Please ensure you return the following documents to the school to complete the application:**

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).**]**

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| Please complete all sections of the following application using BLOCK CAPITALS | | | | | | | | | |
| SECTION 1 - PROSPECTIVE STUDENT DETAILS | | | | | | | | | |
| *Details of the young person for whom this application is being made.* | | | | | | | | | |
| First Name: |  | | | | | | | | |
| Middle Name: |  | | | | | | | | |
| Surname: |  | | | | | | | | |
| Prospective Student’s Address: |  | | | | | | | | |
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|  | | | | | | | | |
| Eircode: |  | | | | | | | | |
| PPSN: |  |  |  |  |  |  |  |  |  |
| Date of Birth |  | | | | | | | | |

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| SECTION 2 – DETAILS OF PARENT/GUARDIAN | | |
| *This 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: |  |  |
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| Eircode: |  |  |
| Telephone no. |  |  |
| Email address: |  |  |
| Relationship to prospective student: |  |  |

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| **SECTION 3 – STUDENT CODE OF BEHAVIOUR** |
| **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 prospective student if he secures a place in the school. Please note that the Code of Behaviour can be found at www.colaisteeanna.ie or obtained from the school office.** |
| **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the Code of Behaviour for the school is acceptable to me as the prospective student’s parent/guardian and I shall make all reasonable efforts to ensure compliance by the prospective student if he secures a place in the school.** |

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| **SECTION 4 – PROSPECTIVE STUDENT’S GENDER** |
| ***Coláiste Éanna is a single-gender school and as such only provides education to students whose gender is, or who identifies as, male*.** |
| Please confirm the prospective student’s gender or gender identity for the purpose of determining eligibility in line with the school’s Admission Policy.  Male Female |

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| SECTION 5 |
| Does your son have an Autism diagnosis DSM-V? Yes No  or  Does your son have an Autism diagnosis ICD-10/11? Yes No  *Please include this assessment report with the application form.* |
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| SECTION 6 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION |
| *This information will assist in determining whether the prospective student meets the admission requirements in accordance with the order of priority as set out in section 6 of the Admission Policy for Coláiste Éanna.* |

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| **Please confirm the prospective student’s address for the purpose of determining where he resides. Please note that recent proof of address will be required in support of this.** **(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.)** | |
| **Address:** |  |
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| 1. **If the prospective student currently has any siblings in this school, please indicate their name(s) and current year(s) of study.** | |
| 1. **Name:** |  |
| **Year:** |  |
| 1. **Name:** |  |
| **Year:** |  |
| 1. **Name:** |  |
| **Year:** |  |
| 1. **Name:** |  |
| **Year:** |  |

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| 1. **If the prospective student has previously had any sibling(s) in this school, please indicate their name(s) and years of attendance.** | |
| 1. **Name:** |  |
| **Years:** |  |
| 1. **Name:** |  |
| **Years:** |  |

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| 1. **If the prospective student’s parent(s) previously attended this school, please indicate their name(s) and years of attendance.** | |
| 1. **Name:** |  |
| **Year(s):** |  |
| 1. **Name:** |  |
| **Year(s):** |  |

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| 1. **Please provide details of the primary school attended by the prospective student.** | |
| **School name:** |  |
| **School address:** |  |
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| **IMPORTANT INFORMATION:**   * **You are required to submit 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.** * **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, please see overleaf.** * **Please sign below to demonstrate that you have read and understood this information.** |

**(Parent / Guardian 1) (Date)**

**(Parent / Guardian 2) (Date)**

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| **OFFICE USE ONLY** |
| **Date Application Received:** |
| **Checked by:** |
| **Date entered on School Database:** |
| **Entered by:** |

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| **DATA PROTECTION** |
| The board of management of Coláiste Éanna is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018.  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; * School administration,   all of which are tasks carried out pursuant to various statutory duties to which the board of management 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 the school 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.    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 the board of management 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. |