

PPSN:



ACCEPTANCE FORM FOR ADMISSION - 2021/2022

	s Acceptance Form by the closing date l e in Coláiste Pobail Acla.	below may result in the withdrawal			
Completed acceptan	ice forms will be accepted from:	4 th February 2021			
The closing date for	receipt of acceptance forms is:	26 th February 2021			
=	ms and accompanying passport-sized graphs should be sent to:	For office use only			
Coláiste Pobail Acla Polranny Achill Sound Westport Co. Mayo F28 CP49		Date received:/ School Stamp:			
Please complete all sections of this form using BLOCK CAPITALS					
SECTION 1 – PROSPECTIVE STUDENT DETAILS					
Details of the young person accepting the offer of a place.					
First Name:					
Middle Name:					
Surname:					
Sex: [tick one]	Male:	Female:			
Address:					
Eircode:					





Educationa	na Tranaig Boara			Mol an Oize		
Mother's Maiden Name:						
	Day	Day Month		Year		
Date of Birth:						
If there are any orders or other arrangements in place relating to access to or custody of the student, please provide details.						
SECTION 2 - DETAILS OF PARENT/GLIARDIAN/NEXT OF KIN						

SECTION 2 - DETAILS OF PARENT/GUARDIAN/NEXT OF KIN				
This information is sought for the purposes of making contact in the event of an emergency or in relation to school matters, e.g. meetings, closures etc.				
	Parent/ Guardian /Next of Kin 1	Parent / Guardian/Next of Kin 2		
Prefix: (e.g. Mr. / Ms. / Ms. etc.)				
First Name:				
Surname:				
Address:				
Eircode:				
Telephone no.				
Email address:				
Relationship to student:				





SECTION 2A – OTHER EMERGENCY CONTACT					
Nam	ie:				
Relationship to student:					
Contact telepho	one number:				
•					
If the student 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:					
SECTION 3 – APPLICATIONS TO OTHER SCHOOLS					
Failure to complete this section may result in the offer of a place in Coláiste Pobail Acla being withdrawn, in accordance with the Education (Admission to Schools) Act 2018.					
Please tick as appropriate		Yes	No	If yes, you are required to provide details	
Is the student av					
Has the student admission for ar					





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 student from a school(s) previously attended by the student.					
Irish Langua	ge Inform	ation			
Is the student currently studying Irish?	Yes		No		
If you answered no, please outline the reason why, e.g. exemption:					
Resource and Special Edu	cational N	leeds informat	ion		
Does the student have any special educational needs?	Yes	_	No		
If you answered YES, please give details of the special educational need:					
Has the student been in receipt of learning support or resource hours in his/her primary school?	Yes		No		
If yes, for how many years:					
Has the student 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 student 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 student.

Please tick as appropriate	Yes	No	If yes, please provide details	
Does the student require glasses?				
Does the student have hearing issues?				
Does the student have allergies?				
Does s/he suffer from any medical condition that we should know about? For example, asthma, diabetes, epilepsy, etc.				
Is the student 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 student ever been referred to any outside agency? (i.e. 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 student of which the school should be aware.				
Doctor's Name:				
Contact Details:				





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/students in relation to the below:

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

IMPORTANT INFORMATION:

- For the purposes of identification, you are required to submit two identical passportsized photographs of the student when returning this Acceptance Form.
- Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to the student's application to the school.
- Where the student is exempt from studying Irish, you may transmit any relevant documentation in your possession.
- Where the student has a special educational need, you may transmit any relevant documentation which you believe the school may need to best provide education to the student.
- For information regarding how your data is processed by the school and MSLETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.





(Parent / Guardian 1)	(Date)
(Parent / Guardian 2)	(Date)
(Student [where over 18])	(Date)
OFFICE U	JSE ONLY
Date Application Received:	
Checked by:	
Date entered on School Database:	
Entered by:	





DATA PROTECTION

The Board of Management of Coláiste Pobail Acla is a committee of MSLETB, Newtown, Castlebar, Co Mayo, F23 DV78, which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for MSLETB is Mary McDonald and can be contacted at 094 9024188.

The personal data supplied on this Acceptance Form and accompanying documentation sought is required for the purpose of:

- Verification of identity;
- Allocation of teachers and resources to the school;
- School administration;
- Student enrolment & registration;
- Determining a student's eligibility for additional learning supports;
- · Child welfare (including medical welfare) and
- Fulfilling 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 MSLETB 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 MSLETB 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.

The personal data provided in this Acceptance 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 MSLETB's Data Retention Policy, which can be found at www.msletb.ie.

A copy of the full MSLETB Data Protection Policy is available at https://colaistepobailacla.ie/school-policies/ or from the school office.

Any person who provides personal data through this Acceptance 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 MSLETB 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.