

Eircode:



ACCEPTANCE FORM FOR ADMISSION TO COLÁISTE CLAVIN 2025/2026

Failure to submit th	nis Acceptance Form by the closing date of the offer of a place in Coláist	•
Completed Acceptar	nce Forms will be accepted from:	11.11.2024
The closing date for	receipt of Acceptance Forms is:	24.11.2023
(together with a costeed photographs	orms, original long birth-certificate opy) and accompanying 2 passports should be sent by post or dropped lesignated box at reception	For office use only
Coláiste Clavin Enfield Road, Longwood Co. Meath A83 DX96		Date received:/ School Stamp:
DI.		L' DI OCK CADITALS
Plea	se complete all sections of this form us SECTION 1 - CHILD DETAI	-
L	Details of the young person accepting th	
First Name:	, , , , , , ,	3 7 1
Middle Name:		
Surname:		
Gender: [tick one]	Male:	Female:
Address:		

										_		
PPSN:												
Mother's Maiden Name:												
		Day		Month					Year			
Date of Birth:												
If there are any orders or other arrangements in place relating to access to or custody of the child, please provide details.												
SEC	TION 2	– DETAIL	S OF PAI	RENT/GL	JARE	OIAN	/NEX	(T C	F KIN			
This information is s ir		r the pur n to schoo	-	_					_	an	emerge	ncy or
										_		
		Parent ,	/ Guardi	an 1			P	are	nt / G	ìua	rdian 2	
Prefix: (<i>e.g.</i> Mr. / Ms. / Ms. etc)		Parent ,	/ Guardi	an 1			F	Pare	nt / G	ìua	rdian 2	
		Parent ,	/ Guardi	an 1			F	Pare	nt / G	Gua	rdian 2	
Ms. / Ms. etc)		Parent	/ Guardi	an 1			F	Pare	nt / 6	iua	rdian 2	
Ms. / Ms. etc) First Name:		Parent	/ Guardi	an 1			F	Pare	nt / G	iua 	rdian 2	
Ms. / Ms. etc) First Name:		Parent	/ Guardi	an 1			F	Pare	nt / G	iua	rdian 2	
Ms. / Ms. etc) First Name: Surname:		Parent	/ Guardi	an 1			F	Pare	nt / G	ìua	rdian 2	
Ms. / Ms. etc) First Name: Surname:		Parent	/ Guardi	an 1			F	Pare	nt / G	iua	rdian 2	
Ms. / Ms. etc) First Name: Surname:		Parent	/ Guardi	an 1			F	Pare	nt / G	iua —	rdian 2	
Ms. / Ms. etc) First Name: Surname: Address:		Parent	/ Guardi	an 1			F	Pare	nt / G	iua —	rdian 2	
Ms. / Ms. etc) First Name: Surname: Address: Eircode:		Parent	/ Guardi	an 1			F	Pare	nt / G	Gua	rdian 2	

child:

SECTION 2A – OTHER EMERGENCY CONTACT				
Name:				
Relationship to child:				
Contact telephone number:				

SECTION 3 – APPLICATIONS TO OTHER SCHOOLS

Failure to complete this section may result in the offer of a place in Coláiste Clavin being withdrawn, in accordance with the Education (Admission to Schools) Act 2018.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 child awaiting an offer of admission from another school(s)?			
Has the child accepted an offer of admission for another school(s)?			

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 child.

educational resolution the student from a school(s) previously attended by the simula							
Additional Educational Needs							
Does the child have additional needs?	Ye	s	No				
If yes, tick which of the following describes those needs. Tick all that apply.							
Physical Disability		Moderate General Learning Disability					
Hearing Impairment		Severe/Profound General Learning Disability					
Visual Impairment		Autism/Autistic Spectrum D	Disorde	er			
Emotional/Behavioural difficulty/disturbance (e.g. ADD, ADHD, SEBD)		Specific Learning Disability (e.g. dyslexia, dyscalculia, dyspraxia)					
Severe Emotional/Behavioural Disorder/Disturbance		Specific Speech and Langua	ge Dis	order			

		e Disabilities levant low incidence disabilities)			
Medical Condition English		as an Additional Language			
Other:					
Briefly describe the nature of any of the needs tic	cked above.				
		I., I	T.,		
Does the child have a support file?		Yes	No		
If yes, is a copy of the support file being sent with	h this form?	Yes	No		
What level of support is the child currently receive	ving?	Class Suppo	rt (Support for All)		
(Please tick)	J	School Support (Support for Some)			
,		School Support + (Support for Few)			
Does the child have a personal pupil plan (PPP)?		Yes	No		
If yes, is a copy of the PPP being sent with this fo	rm?	Yes	No		
Does the child have access to an SNA?		Yes	No		
If yes, please describe the nature of access (toile	ting etc.)	,			
Has the child had access to an SNA in the past? If	f yes, please li	ist dates and i	nature of access.		

Does the child require any additional suppor furniture, ramps, hoists, assistive technology		any env	ironmental ad	aptions	such as adapted
Irish I	anguage	Informa	ition		
Is the child currently studying Irish?	Yes			No	
If you answered no, please outline the reaso why e.g. exemption:	n				
If there is an Irish Exemption in place – pleas supply the documentary evidence of this.	e				
SECTION	N 5 - ME	DICAL D	ETAILS		
The following information is requested in activities. Please note it may be necestical circumstances in the contract of the co	essary to	disclose	e this informa	tion to	_
Please tick as appropriate	Yes	No	If yes, _l	please _l	provide details
Does the child have allergies?					
Does s/he suffer from any medical condition that we should know about? For example, asthma, diabetes, epilepsy, etc.					
Is the child 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 child ever been referoutside agency? (i.e. Psycholo Speech & Language Therapist Occupational Therapist, Sociaetc.) If so, please provide copthese reports to the school.	ogist, t, al Worker,				
Please list details of any serior should be aware.	ous medical/	health c	oncerns	for the child of which t	the school
Doctors Name:					
Contact Details:					

CONTACT FROM THE SCHOOL

Please be advised that as part of the school's duties 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
- 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 child 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 your child is exempt from studying Irish, you should transmit any relevant documentation in your possession.
- Where your child has a special educational need, you should transmit any relevant documentation which you believe the school may need to best provide education to your child.
- For information regarding how your data is processed by the school and LMETB please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

(Parent / Guardian 1)	(Date)	
(Parent / Guardian 2)	(Date)	
	OFFICE USE ONLY	
Date Application Received:		
Checked by:		
Date entered on School Database:		
Entered by:		

DATA PROTECTION

The Board of Management of Coláiste Clavin is a committee of LMETB, Abbey Road, Navan, Co. Meath which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for LMETB is Ms Nicola Horgan and can be contacted at dataprotection@Imetb.ie

The personal data supplied on this Acceptance Form 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
- 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 LMETB 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 LMETB 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 child 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 LMETB's Data Retention Policy, which can be found at www.lmetb.ie

A copy of the full LMETB Data Protection Policy is available at www.colaisteclavin.ie 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 LMETB 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.