

## ACCEPTANCE FORM FOR ADMISSION 2025-2026

|  |            |
|--|------------|
| <i>Failure to submit this Acceptance Form by the closing date below may result in the withdrawal of the offer of a place in Coláiste Clavin.</i> |            |
| Completed acceptance forms will be accepted from:  | 01.06.2025 |
| The closing date for receipt of acceptance forms is:   | 30.09.2025 |

| All Acceptance Forms, original long birth-certificate (together with a copy) and accompanying passport-sized photographs should be sent to: | For office use only                               |
|---|---|
| Coláiste Clavin<br>Enfield Road<br>Longwood<br>Co. Meath A83 DX96   | Date received:<br>____/____/____<br>School Stamp: |

| Please complete all sections of this form using <b>BLOCK CAPITALS</b> |                                |                                  |
|---|--------------------------------|----------------------------------|
| SECTION 1 – PROSPECTIVE STUDENT DETAILS                               |                                |                                  |
| <i>Details of the young person accepting the offer of a place.</i>    |                                |                                  |
| <b>First Name:</b>  |                                |                                  |
| <b>Middle Name:</b>   |                                |                                  |
| <b>Surname:</b>   |                                |                                  |
| <b>Gender:[tick one]</b>  | Male: <input type="checkbox"/> | Female: <input type="checkbox"/> |
| <b>Address:</b>   |                                |                                  |
|   |                                |                                  |
|   |                                |                                  |
|   |                                |                                  |

|  |            |  |              |  |             |  |  |  |  |
|--|------------|--|--------------|--|-------------|--|--|--|--|
| <b>Eircode:</b>  |            |  |              |  |             |  |  |  |  |
| <b>PPSN:</b>   |            |  |              |  |             |  |  |  |  |
| <b>Mother's Maiden Name:</b>   |            |  |              |  |             |  |  |  |  |
| <b>Date of Birth:</b>  | <b>Day</b> |  | <b>Month</b> |  | <b>Year</b> |  |  |  |  |
|  |            |  |              |  |             |  |  |  |  |
| <p>If there are any court orders or other arrangements in place relating to access to or custody of the student, please provide details.</p> |            |  |              |  |             |  |  |  |  |

| <b>SECTION 2 – DETAILS OF PARENT/GUARDIAN/NEXT OF KIN</b>   |  |  |
|---|--|--|
| <p><i>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.</i></p> |  |  |
|   | <b>Parent/ Guardian /Next of Kin<br/>1</b> | <b>Parent / Guardian/Next of Kin<br/>2</b> |
| <b>Prefix: (e.g. Mr. / Ms. / Ms. etc.)</b>  |  |  |
| <b>First Name:</b>  |  |  |
| <b>Surname:</b>   |  |  |
| <b>Address:</b>   |  |  |
|   |  |  |
|   |  |  |
| <b>Eircode:</b>   |  |  |
| <b>Telephone no.</b>  |  |  |
| <b>Email address:</b>   |  |  |
| <b>Relationship to student:</b>   |  |  |

| SECTION 2A – OTHER EMERGENCY CONTACT |  |
|--------------------------------------|--|
| Name:                                |  |
| Relationship to student:             |  |
| Contact telephone number:            |  |

| SECTION 3 – APPLICATIONS TO OTHER SCHOOLS  |     |    |  |
|--|-----|----|--|
| <i>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.</i> |     |    |  |
| <i>Please tick as appropriate</i>  | Yes | No | <i>If yes, you are required to provide details</i> |
| Is the student awaiting an offer of admission from another school(s)?  |     |    |  |
| Has the student accepted an offer of admission for another school(s)?  |     |    |  |

| SECTION 4 – EDUCATIONAL DETAILS  |     |  |    |  |
|--|-----|--|----|--|
| <i>Required for the assessment of individual needs</i>   |     |  |    |  |
| 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 |     |  |    |  |
| Additional Needs   |     |  |    |  |
| Does the student have additional needs?  | Yes |  | No |  |
| <i>If yes, tick which of the following describes those needs. Tick all that apply.</i>   |     |  |    |  |
| Physical Disability  |     | Moderate General Learning Disability                                 |    |  |
| Hearing Impairment   |     | Severe/Profound General Learning Disability                          |    |  |
| Visual Impairment  |     | Autism/Autistic Spectrum Disorder                                    |    |  |
| Emotional/Behavioural difficulty/disturbance (e.g. ADD, ADHD, CDD)   |     | Specific Learning Disability (e.g. dyslexia, dyscalculia, dyspraxia) |    |  |

|  |                                      |   |    |
|--|--------------------------------------|---|----|
| Severe Emotional/Behavioural Disorder/Disturbance  |                                      | Specific Speech and Language Disorder                               |    |
| Borderline Mild General Learning Disability  |                                      | Multiple Disabilities<br>(tick relevant low incidence disabilities) |    |
| Medical Condition  |                                      | English as an Additional Language                                   |    |
| Other:   |                                      |   |    |
| Briefly describe the nature of any of the needs ticked above.  |                                      |   |    |
|  |                                      |   |    |
| Does the student have a support file?  | Yes                                  |   | No |
| If yes, is a copy of the support file being sent with this form?   | Yes                                  |   | No |
| What level of support is the student currently receiving?<br>(Please tick)   | Class Support (Support for All)      |   |    |
|  | School Support (Support for Some)    |   |    |
|  | School Support + (Support for Extra) |   |    |
| Does the student have a personal pupil plan (PPP)?   | Yes                                  |   | No |
| If yes, is a copy of the PPP being sent with this form?  | Yes                                  |   | No |
| Does the student have access to an SNA?  | Yes                                  |   | No |
| If yes, please describe the nature of access (toileting etc.)  |                                      |   |    |
|  |                                      |   |    |
| Has the student had access to an SNA in the past? If yes, please list dates and nature of access.  |                                      |   |    |
|  |                                      |   |    |
| Does the student require any additional supports and/or any environmental adaptations such as adapted furniture, ramps, hoists, assistive technology etc.? |                                      |   |    |
|  |                                      |   |    |
| <b>Irish Language Information</b>  |                                      |   |    |
| Is the student currently studying Irish?   | Yes                                  |   | No |
| If you answered no, please outline the reason why e.g. exemption:  |                                      |   |    |

## 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.*

| <b>Please tick as appropriate</b>  | <b>Yes</b> | <b>No</b> | <b>If yes, please provide details</b> |
|--|------------|-----------|---------------------------------------|
| 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 an original long birth-certificate (together with a copy) and two identical passport-sized 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.**
- **If an offer of a place in the Special Class is being accepted, same is subject to the approval of the National Council for Special Education (NCSE), as per section 7.1 of the school's Admission Policy.**
- **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)

\_\_\_\_\_  
(Student [where over 18])

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

| OFFICE USE ONLY                              |
|--|
| Date Application Received:<br>(School Stamp) |
| Checked by:                                  |
| Date entered on School Database:             |
| Entered by:                                  |
|  |
|  |

| DATA PROTECTION  |
|--|
| <p>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 Nicole Horgan and can be contacted at <a href="mailto:dataprotection@lmetb.ie">dataprotection@lmetb.ie</a></p> <p>The personal data supplied on this Acceptance Form and accompanying documentation sought is required for the purpose of:</p> |

- 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 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 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 LMETB's Data Retention Policy, which can be found at [www.lmetb.ie](http://www.lmetb.ie).

A copy of the full LMETB Data Protection Policy is available at [colaisteclavin@lmetb.ie](mailto:colaisteclavin@lmetb.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.