

TALLAGHT COMMUNITY SCHOOL



School Application Form for Admission

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS AND RETURN WITH SUPPORTING DOCUMENTATION TO
TALLAGHT COMMUNITY SCHOOL, BALROTHERY, DUBLIN 24

Please tick the Year Group the student is applying to enter:

First Year

Third Year

Fifth Year

Second Year

Transition Year

Sixth Year

I understand that if I am applying for a place in fifth year, I must have completed transition year, as per Tallaght Community School's admissions policy

Data Protection

The personal data required from you on this admissions form (part 2) is required for the purposes of:- student enrolment and student registration

- allocation of teachers and resources to the school
- school administration
- to fulfil our other legal obligations
- to process appeals, resolve disputes and defend litigation etc.

1. You have the following statutory rights that can be exercised at any time:

- Right to complain to supervisory authority.
- Right of access.
- Right to rectification.
- Right to be forgotten.
- Right to restrict processing.
- Right to data portability.
- Right to object and automated decision making/profiling.

For further information, or should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email : [\[email\]](#)

Data Sharing:

Schools in areas of high demand may be requested to share data on applications for admissions with each other, the Department of Education and Youth (DEY) / the National Council for Special Education (NCSE) (in respect of applications for admission to special classes).

Please read the Department of Education and Youth (DEY) Personal Data Fair Processing Notice here in relation to personal data we are legally obliged to share with DEY <https://www.gov.ie/en/circular/f5adff-fair-processing-notice-to-explain-how-the-personal-data-of-students/>

Under the provisions of the Infectious Diseases (Amendment) (No. 3) Regulations 2024 (SI 735 of 2024) and the Health Provision of Information for Health Examination and Treatment Service) Regulations 2024 (SI 750 of 2024), when a request is made by the HSE, the school must share relevant personal data: the name, address, date of birth and sex of the pupil; the mother's birth surname; full contact details of their parent/guardian; the pupil's PPSN (if any); the name of the school which the pupil attends and the school roll number.

Please ensure sure that you read our school Data Protection Policy for full information on the above. The Policy is available on the school's website.

1. PERSONAL DETAILS (required for stage 1 of application process)

Student Surname	
Student First Name	
Home Address	
	EIRCODE:
Date of Birth	
Birth Cert Attached	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please tick ✓ appropriate box)</i>
Birth Certificate First Name <i>(if different to above)</i>	
Birth Certificate Surname <i>(if different to above)</i>	
Mother's Maiden Name	

2. EDUCATIONAL DETAILS (required for stage 1 of application process)

NAME OF SCHOOL <i>(currently attending)</i>	
ADDRESS OF SCHOOL <i>(currently attending)</i>	
CURRENT YEAR IN SCHOOL	

3. FAMILY DETAILS (REQUIRED FOR SCHOOL ENROLMENT AND PARENTAL CONTACT PURPOSES)

	Parent/Guardian 1	Parent/Guardian 2
Surname		
Name(s)		
Relationship to child <i>(mother/father/other guardian)</i>		
Phone Number		
Mobile Number for Messaging from School		
Contact E-mail Address		

Postal Address (if different from above)		
CORRESPONDENCE SHOULD BE ADDRESSED TO	Mother <input type="checkbox"/> OR Father <input type="checkbox"/> OR Both parents/guardians <input type="checkbox"/> Name for correspondence: _____ ONE number to which text messages will be sent: _____	
Name(s) of Past Pupils (brother(s) and/or sisters) who attended this school and year of completion at the school.	Name: _____ Year of Completion: _____ Name: _____ Year of Completion: _____ Name: _____ Year of Completion: _____	
Does the child have any Brothers/Sisters currently attending this school?	Name, Age, Class/Year: _____ Name, Age, Class/Year: _____ Name, Age, Class/Year: _____	

4. MEDICAL DETAILS

(required to ensure the school has an accurate record of medical conditions including your doctor's contact details in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to school staff in certain circumstances, if your child has a medical condition requiring the administration of medication during school time. Please provide (on a separate sheet) accurate and up-to-date information/instructions with regard to administration of medicines if required.

Does Student require Glasses? Yes No

Does Student have any Hearing Difficulties? Yes No

Does Student suffer any Serious Illness? Yes No

If Yes, please specify _____

Is Student on any ongoing Medical Treatment? Yes No

Has Student any allergies, if so please specify/state : _____

Does Student have any of the Chronic Conditions? Yes No

If Yes, please provide details Other Medical concerns/information of relevance/Procedures to follow for a particular illness on a separate sheet.

GP Name, Address & Contact Number: _____

5. EDUCATIONAL DETAILS (required for part 2 of application process)

(required to ensure the school has an accurate record of educational details in order that we may provide the appropriate level

of support if required.) Please note it may be necessary to disclose this information to school staff in certain circumstances.

Does your child have an exemption from Irish in National School? Yes No

(If Yes, please attach DES Certificate).

Has the student had a psychological assessment? Yes No

If Yes, is the psychological report available? Yes No

Date of psychological assessment (please enter in format dd/mm/yyyy) _____

Copy of psychological assessment enclosed Yes No

Has the student been granted resource teaching hours by the National Council for Special Education (NCSE)?..... Yes No

Has the student availed of the services of a Special Needs Assistant (SNA) granted by the NCSE? Yes No

Has the student been in receipt of learning support/ behaviour for learning support? Yes No

If Yes, please provide details below:

State your child's general interests/hobbies/other relevant information:

Consent for contacting previous school:

"I give permission to the school to contact the previous school to gather information, if necessary"

Signed: _____
Parent/Guardian

Date: _____

6. STANDARDISED TESTING/REPORTS ON EDUCATIONAL PROGRESS

Standardised testing may be carried out for the purposes of Literacy/Numeracy progress, Reasonable Accommodations in the State Examinations, assisting in referrals to NEPS and for Career Guidance information etc.

Consent for Standardised Testing:

"I/we give permission to the School to conduct standardised testing for the purposes of Literacy/Numeracy progress, Reasonable Accommodations in the State Examinations, assisting in referrals to NEPS and Career Guidance information"

Signed: _____
Parent/Guardian

6. COMPLIANCE WITH SCHOOL POLICY

I/we understand, accept and agree to the aims and rules of the School as stated in the school's Admission Policy (available on the school's website at [https://tallahtcs.ie/Content/2020/5/TCS Admissions Policy.pdf](https://tallahtcs.ie/Content/2020/5/TCS_Admissions_Policy.pdf)) and stated in the Code of Behaviour (available at [https://tallahtcs.ie/Content/2020/5/TCS Code of Behaviour.pdf](https://tallahtcs.ie/Content/2020/5/TCS_Code_of_Behaviour.pdf)).

- I agree to monitor my child's progress through the school journal.
- I have read and agree to the aims and rules of the school as stated in the school's Code of Behaviour.

Signed: _____
Parent/Guardian

Signed: _____
Student

Print Name: _____
Parent/Guardian

Print Name: _____
Student

CHECKLIST

I/We have enclosed a copy of the birth certificate of the student

I/we have read and agree to the school's Code of Behaviour – read and signed by both Parent/Guardians and Student.

I/we have read the Data Protection policy on the school website.

I/we have fully completed and signed the application form (including Student PPS No.)

I/we enclose a Cert of Exemption re Irish from Department of Education & Skills attached (if applicable)?

I/we enclose a copy of Educational/Psychological Report(s) (if applicable)?

I/we enclose Medical/Health Information re medication/treatment (if relevant)

I/we enclose a copy of a recent school report

Signed _____
Parent/Guardian

Date: _____

"I DECLARE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT"

Signature: _____
Parent/Guardian

Date: _____

PRINT NAME: _____