



# Coláiste Pobail Fhine Gall Fingal Community College

Seatown Road, Swords, Co. Dublin, K67 E330  
Tel: 01 840 5829 Fax: 01 840 5921



## APPLICATION FORM FOR ADMISSION

### (2<sup>nd</sup> to 6<sup>th</sup> Years) – 2026/2027

*This is an application form for admission and does not constitute an offer of a place, implied or otherwise. Use of the word 'student' throughout this Application Form does not imply that the person on whose behalf this application is being made is regarded as a having been accepted as a student of Fingal Community College.*

Completed applications will be accepted from:	<b>Tuesday 28<sup>th</sup> April 2026 at 8:30am</b>
The closing date for receipt of applications is:	<b>Friday 22<sup>nd</sup> May 2026 at 1pm</b>

All Application Forms should be sent to:	For office use only
<ul style="list-style-type: none"> <li>Delivered in person to the Main Office at Fingal Community College, Seatown Road, K67E330, Swords, Co.Dublin</li> <li>or,</li> <li>Emailed to <a href="mailto:admissions@fingalcc.ie">admissions@fingalcc.ie</a></li> <li>The College DOES NOT accept postal applications</li> </ul>	Date received: ___/___/___ School Stamp:

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

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Second Year      | <input type="checkbox"/> Third Year | <input type="checkbox"/> Transition Year  |
| <input type="checkbox"/> Fifth Year       | <input type="checkbox"/> Sixth Year | <input type="checkbox"/> LCA (Fifth Year) |
| <input type="checkbox"/> LCA (Sixth Year) |                                     |   |

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:									
Student Address:									
Eircode:									
PPSN:									

## SECTION 2 – DETAILS OF PARENT/GUARDIAN

*This section is **NOT** required to be completed where the student is over 18, unless s/he wishes the school to communicate with his/her parent/guardian about this application instead of directly with the student. The 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:		
Eircode:		
Telephone no.		
Email address:		
Relationship to student:		

## 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 student if s/he secures a place in the school. Please note that the Code of Behaviour can be found at [www.fingalcc.ie](http://www.fingalcc.ie) or from the school office.

I \_\_\_\_\_ confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if s/he secures a place in the school.

**SECTION 4 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION**

*This information will assist in determining whether the student meets the admission requirements in accordance with the order of priority as set out in the applicable section of Part B of the Admission Policy for Fingal Community College*

**A. If the student currently has any siblings in this school, please indicate their names and current year of study.**

<b>(i) Name:</b>	
<b>Year:</b>	
<b>(ii) Name:</b>	
<b>Year:</b>	
<b>(iii) Name:</b>	
<b>Year:</b>	
<b>(iv) Name:</b>	
<b>Year:</b>	

**B. If the student has previously had any siblings in this school, please indicate their names and years of attendance.**

<b>(i) Name:</b>	
<b>Year(s):</b>	
<b>(ii) Name:</b>	
<b>Year(s):</b>	

**IMPORTANT INFORMATION:**

- 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 and DDLETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

***NOTE:** Should the student receive a place in Fingal Community College, there is no guarantee that the student will be assigned his/her selected subject choice due to resource issues and/or restrictions on the numbers of students per class.*

\_\_\_\_\_  
(Parent / Guardian 1)

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

\_\_\_\_\_  
(Parent / Guardian 2)

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

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

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

**OFFICE USE ONLY**

Date Application Received:

Checked by:

Date entered on School Database:

Entered by:

## DATA PROTECTION

The Board of Management of Fingal Community College is a committee of DDLETB, 1 Tuansgate, Belgard Square East, Tallaght, Co. Dublin which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for DDLETB is Caitriona Murphy and can be contacted at [www.ddletb.ie](http://www.ddletb.ie).

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;
- Allocation of teachers and resources to the school; and
- School administration,

all of which are tasks carried out pursuant to various statutory duties to which DDLETB 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 DDLETB 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. It may also be shared with Tusla Education Support Services for the purpose of assisting the student with education and training opportunities, in line with section 28 of the Education (Welfare) Act 2000.

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, in line with DDLETB's Data Retention Policy, which can be found at [www.ddletb.ie](http://www.ddletb.ie).

A copy of the full DDLETB Data Protection Policy is available at <https://www.fingalcc.ie/page/School-Policies/19867/Index.html> or from the school office.

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 DDLETB 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.