

St. Aidan's CBS

APPLICATION FORM For Admission into 1st Year 2027 / 2028 (Part 1)

**PLEASE NOTE: FALSE INFORMATION WILL
AUTOMATICALLY DISQUALIFY APPLICANT.
PLEASE FILL OUT DETAILS IN BLOCK CAPITALS**

**Closing date for receipt of application
is Friday 23rd October at 1pm**



Data Protection

St. Aidan's CBS has at its core a desire to promote and protect the dignity of every member of its community including but not limited to students, staff and Parent(s) / Guardian(s).

Our school Data Protection policy is informed by these aspirations and also the General Data Protection Regulation of 2016 (GDPR). Our Data Protection Policy applies to all school staff, the Board of Management, parent(s) / guardian(s), students, (including prospective students) their parent(s) / guardian(s), applicants for positions within the school and service providers with access to school data.

Please review our Privacy Notice for more information on how St. Aidan's CBS process personal data in connection with your application form.

For further information please consult our website www.staidanscbs.ie or email secretary@staidanscbs.ie

**OFFICE RECEIPT DATE STAMP
AND TIME**

1. PERSONAL DETAILS

(required for stage 1 of application process)

Students Surname			
Students First Name			
Home Address			
	EIRCODE:		
County			
Date of Birth			
Birth Cert (copy only)	Yes	No	(Please tick ✓ appropriate box)
Birth Certificate Forename (if different to above)			
Birth Certificate Surname (if different to above)			
Mother's Maiden Name			

2. EDUCATIONAL DETAILS

(required for stage 1 of application process)

NAME AND ADDRESS OF PRIMARY SCHOOL (currently attending)	
Start Date/Year of current primary 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)please provide details</i>		
Phone Number		
Mobile Number for Messaging from School		

Please indicate ONE number to which text messages will be sent. Mobile No: _____
Please make sure the School is aware of any change in your mobile number. This is essential for texting purposes.

Contact E-mail Address		
Postal Address (if different from above)		

CORRESPONDENCE SHOULD BE ADDRESSED TO	<i>Mother</i> ☐ <i>OR</i> <i>Father</i> ☐ <i>OR</i> <i>Both parents/guardians</i> ☐ _____
	State above <i>Correspondence title i.e. Mr. & Mrs/Mrs/Mr+ specify surname).</i>

Name(s) of PAST PUPILS (brother(s) and/or who attended this school and year of completion at the school.	

Does the child have any Brothers currently attending this school?	<i>Name, Age, Class/Year</i>
	<i>Name, Age, Class/Year</i>
	<i>Name, Age, Class/Year</i>

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

Signature: _____ Date: _____
Parent/Guardian

PRINT NAME: _____

Date: _____

If/when a letter of offer is issued, we will require further information with regard to your son (ie part 2 of the Admissions Application must be completed fully and returned to the school)

CHECKLIST - Have you enclosed:-

**Copy of Birth Certificate of Student
and Proof of Address**

Have you ticked the boxes and completed and signed all relevant sections.