



ASHBOURNE COMMUNITY NATIONAL SCHOOL

Ashbourne CNS
 Killekland, Ashbourne,
 Co Meath, A84R984
 P: 086 8522068
 E: ashbournecns@lmetb.ie
 W: Ashbournecns.ie
 T: @AshbourneCNS

APPLICATION FORM FOR ADMISSION - 2025/2026

<i>This is an Application Form for admission and does not constitute an offer of a place, implied or otherwise.</i>	
Completed applications will be accepted from:	6 th January 2025
The closing date for receipt of applications is:	27 th January 2025

Please ensure you return the following documents to the school to complete the application;

- An original long birth-certificate or certified copy thereof, with English translation if necessary. Obtained by bringing the original document and a photocopy to the school, AN Post, Garda Station, Solicitor, or Commissioner of Oaths, and having the photocopy certified and officially stamped as a true copy of the original.
- Recent proof of address (only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted).
- If applying for the Special Class, a Relevant Report completed within the previous 12 months.

All Application Forms and accompanying documentation should be sent to:	For office use only
Ashbourne CNS Killekland, Ashbourne, Co Meath, A84R984 E: ashbournecns@lmetb.ie	Date received: ___/___/_____ School Stamp:

Please tick the Class Group the child is applying to enter:

- | | | | |
|---|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Junior Infants | <input type="checkbox"/> First Class | <input type="checkbox"/> Third Class | <input type="checkbox"/> Fifth Class |
| <input type="checkbox"/> Senior Infants | <input type="checkbox"/> Second Class | <input type="checkbox"/> Fourth Class | <input type="checkbox"/> Sixth Class |
| <input type="checkbox"/> ASD Specific Class | | | |

Please complete all sections of the following application using BLOCK CAPITALS

SECTION 1 – CHILD DETAILS

Details of the young person for whom this application is being made.

First Name:											
Middle Name:											
Surname:											
Child's Address:											
Eircode:											
Date of Birth:											
PPSN:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

SECTION 2 – DETAILS OF PARENT/GUARDIAN

This 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 child:		

SECTION 3 – STUDENT CODE OF BEHAVIOUR

Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and you shall make all reasonable efforts to ensure compliance with same by the child if s/he secures a place in the school. Please note that the Code of Behaviour can be found at ashbournecns.ie or from the school office.

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

SECTION 4 – ASD SPECIFIC CLASS

The ASD Specific Class in Ashbourne CNS teaches students who have one or more of the following special educational needs: Autism Spectrum Disorder, Please ONLY complete if you are applying for this class.

Please confirm if this application is being made for:

The ASD specific class only: **OR** The ASD specific class and/ **or** the mainstream class:

Where the child is seeking a place in the special class, please provide details below of the special educational needs of the student. A Relevant Report confirming the special educational need and the recommendation for the special class, completed within the last 12 months, must also be provided to the school with this Application Form so as to be considered for admission to the special class.

Please note: as per the school's Admission Policy, eligibility for the special class is subject to the Child having needs which fall within the category of special educational needs provided for by the special class and for transfer students, is subject to there being a place available in the relevant class group.

Details of special educational need:

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SECTION 5 - SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

*This information will assist in determining whether the child meets the admission requirements.
The list of questions is in the order of priority as per the Admission Policy for Ashbourne CNS.*

A. If applying for Junior Infants only, please confirm the child's age where the school gives priority to older children applying to Junior Infants.

Date of Birth:	Day		Month		Year			

For office use only	Years	Months
Chronological Age on 1st September 2024		

B. Please confirm the child's address for the purpose of determining whether s/he resides in the catchment area. Please note that recent proof of address will be required in support of this. (Only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.)

Address:	

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

(i) Name:	
Year:	
(ii) Name:	
Year:	

IMPORTANT INFORMATION:

- You are required to submit the following 2 documents with this application:
 - (i) An original long birth-certificate (including translation, together with a copy).
 - (ii) Recent proof of address - only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.
- 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 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 Ashbourne CNS 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 Sinead Barry and can be contacted at 046 9010031, LMETB Administration Offices, Abbey Rd, Navan, Co Meath.

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 LMETB is subject. The requirement to provide a birth certificate is in accordance with the Department of Education and Skills' Primary Circular 24/02, which require all primary schools to obtain and keep a copy of a student's birth certificate. The processing of the personal data supplied on this Application Form is therefore carried out in line with Articles 6(c) and 6(e) of the General Data Protection Regulation. 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, or as part of, this Application Form may be communicated internally within LMETB and externally with the NCSE and/or NEPS for the purpose of determining the applicability of the selection criteria, and possibly with the patron or board of management of other schools, and/or the Department of Education 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 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 <https://www.lmetb.ie/about-us/data-protection/>

A copy of the full LMETB Data Protection Policy is available at <https://www.lmetb.ie/about-us/data-protection/> 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 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.