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**SAINT BRENDANS COLLEGE ENROLMENT FORM FOR ADMISSION – 2021/2022**

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| ***This is an application form for admission and does not constitute***  ***an offer of a place, implied or otherwise.*** | |
| **Completed applications will be accepted from:** | 15th February, 2021 |
| **The closing deadline for receipt of application is:** | 31st March 2021 |

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| Failure to submit this Acceptance Form by 31st March, 2021 may result in the withdrawal of the offer of a place in the school. |

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| Please complete all sections of this form using BLOCK CAPITALS | | | | | | | | | | | | | | | | |
| SECTION 1 - APPLICANT DETAILS | | | | | | | | | | | | | | | | |
| *Details of the young person applying for position in St. Brendan’s College* | | | | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | | | | | | | | |
| Middle Name: |  | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | |
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| Eircode: |  | | | | | | | | | | | | | | | |
| PPSN: |  |  | |  | |  | |  | |  | |  | |  | |  |
| Date of Birth: | **Day** | | | | **Month** | | | | **Year** | | | | | | | |
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| Nationality |  | | | | | | | | | | | | | | | |
| Gender | **Male Female** | | | | | | | | | | | | | | | |
| Year Group: | **(*e.g.* First year, Second year)** | | | | | | | | | | | | | | | |
| If there are any orders or other arrangements in place relating to access to or custody of the Applicant, please provide details. |  | | | | | | | | | | | | | | | |

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| **St. Brendan’s College**  **Subject List and Options**  **Students Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Core Subjects (All students study the following core subjects in Saint Brendan’s College)***  Irish, English, Maths, French, Science, History and the following subjects which fall under the Wellbeing Umbrella.  ***Wellbeing( Non Examination Subjects)***  Physical Education, S.P.H.E. (Social Personal & Health Ed), Civics (Social and Political Education), Guidance, Digital Literacy.  **Subjects Options**  **Please choose 3 subjects from the following list in order of preference. Number your preferences 1,2 and 3 where No. 1 is your first preference etc.**  Material Technology (Wood)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Material Technology (Metal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Technical Graphics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Studies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Economics\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Music\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Art\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Geography\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| SECTION 2 – DETAILS OF PARENT/GUARDIAN/NEXT OF KIN | | | | | | | | | | | | | | | | | | | | |
| *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.*  *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 /Next of Kin 1** | | | | | | | | | | **Parent / Guardian/Next of Kin 2** | | | | | | | | | |
| Prefix: (*e.g.* Mr. / Mrs. / Ms. etc) |  | | | | | | | | | |  | | | | | | | | | |
| First Name: |  | | | | | | | | | |  | | | | | | | | | |
| Surname: |  | | | | | | | | | |  | | | | | | | | | |
| Address: |  | | | | | | | | | |  | | | | | | | | | |
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| Eircode: |  | | | | | | | | | |  | | | | | | | | | |
| Telephone no. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email address: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Relationship to Applicant |  | | | | | | | | | |  | | | | | | | | | |
| Students Mother Maiden Name |  | | | | | | | | | |  | | | | | | | | | |

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| 1. **If the Applicant currently has any siblings in this school, please indicate their names and current year of study.** | |
| 1. **Name:** |  |
| **Year:** |  |
| 1. **Name:** |  |
| **Year:** |  |
| 1. **Name:** |  |
| **Year:** |  |
| 1. **Name:** |  |
| **Year:** |  |

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| **SECTION 3 – APPLICATIONS TO OTHER SCHOOLS** | | | |
| ***Please tick as appropriate*** | ***Yes*** | ***No*** | ***If yes, please provide details*** |
| Is the Applicant awaiting an offer of admission from another school(s)? |  |  |  |
| Has the Applicant accepted an offer of admission for another school(s)? |  |  |  |

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| SECTION 4 - EDUCATIONAL DETAILS |
| *Required for the assessment of individual educational needs* |
| Pursuant to sections 20 and 28 of the Education (Welfare) Act 2000, the school may also receive educational records of the Applicant from a school(s) previously attended by the Applicant. |

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| *Irish Language Information* | | | | |
| Is the Applicant currently studying Irish? | *Yes* |  | *No* |  |
| If you answered no, please outline the reason why: |  | | | |
| Is the student interested in studying subjects through Irish | ***Yes*** |  | ***No*** |  |

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| *Resource and Special Educational Needs information* | | | | |
| Does the Applicant have any special educational needs? | *Yes* |  | *No* |  |
| If you answered YES, please give details of the special educational need: | | | | |
| Has the Applicant been in receipt of learning support or resource hours in his/her primary school? | *Yes* |  | *No* |  |
| If yes, for how many years: |  | | | |
| Has the Applicant received EAL (*English as an Additional Language*) support? | *Yes* |  | *No* |  |
| If yes, for how many years: |  | | | |

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| *Other relevant information* |
| Please provide details of any other education related information regarding the Applicant which you deem appropriate to share with the school? |
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| 1. **Please provide details of the Primary School attended by the Applicant.** | |
| **School name:** |  |
| **School address:** |  |
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| 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 Applicant.* | | | | |
| *Please tick as appropriate* | | ***Yes*** | ***No*** | ***If yes, please provide details*** |
| Does the Applicant require glasses? | |  |  |  |
| Does the Applicant have hearing issues? | |  |  |  |
| Does the Applicant have allergies? | |  |  |  |
| Does s/he suffer from any medical condition that we should know about? For example, asthma, diabetes, epilepsy, etc. | |  |  |  |
| Is the Applicant 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 Applicant 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 Applicant of which the school should be aware. | | | | |
|  | | | | |
| Doctors Name: |  | | | |
| Contact details: |  | | | |

**1. Where your child is enrolling for 1st Year do you or your child possess a medical card?** *(please CIRCLE the appropriate answer)*

**YES NO**

**2. Is your child a member of the Traveller Community \*?**

*(please CIRCLE the appropriate answer)*

**YES NO**

*\* “Traveller Community” means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland. Section 2(1) of the Equal Status Act, 2000*

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| 1. **Please confirm that the Code of Behaviour is acceptable to you and you shall make all reasonable efforts to ensure compliance by the Applicant if s/he secures a place in the school. Please note that the Code of Behaviour can be found at** www.stbrendanscollege.ie **or from the school office.** |
| **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the Code of Behaviour for the school is acceptable to me and I shall make all reasonable efforts to ensure compliance by the Applicant if s/he secures a place in the school.**  OR, in the case where the Applicant is over 18 years of age:  **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the Code of Behaviour for the school is acceptable to me and I shall ensure my compliance with the Code if I secure a place in the school.** |

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| **DATA PROTECTION** |
| The Board of Management of St. Brendan’s College, a committee of Mayo, Sligo & Leitrim Education and Training Board, Newtown, Castlebar, Co Mayo, is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for MSLETB is Trevor Sweetman, and can be contacted at 094 9024188 or [dataprotection@msletb.ie](mailto:dataprotection@msletb.ie).  The personal data supplied on this Acceptance Form is required for the purpose of:   * 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 * To fulfil 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 MSLETB 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 MSLETB 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 Applicant 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 MSLETB’s Data Retention Policy, which can be found at [mayosligoleitrim.etb.ie/about-us/data-protection/](http://mayosligoleitrim.etb.ie/about-us/data-protection/).  A copy of the full MSLETB Data Protection Policy is available at www.msletb.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 MSLETB 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. |

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| **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 in relation to the below:   * Educational progress of the student * Sports days * Parent-teacher meetings (where the student is under 18) * School concerts/events * School closure (*e.g.* where there are adverse weather conditions) * Student’s non-attendance or late attendance (where s/he is under 18) * Student’s conduct in school (where s/he is under 18) * Student’s social and emotional progress * Any medical or other issue in the vital interest of the student |

**IMPORTANT INFORMATION:**

* **You are required to submit:**

1. **An copy of birth cert**

* **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.**
* **Please sign below to demonstrate that you have read and understood this information.**
* **All applications and accompanying documentation should be sent to:**

**St. Brendan’s College,**

**Belmullet,**

**Mayo.**

**(Parent / Guardian 1) (Date)**

**(Parent / Guardian 2) (Date)**

**(Applicant [where over 18] ) (Date)**

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| **FOR COMPLETION BY SCHOOL ADMINISTRATION ONLY** | |
| **Date** | **School Stamp** |
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