

Application for Admission 2024/2025



Please note: False information will automatically disqualify. Please fill out details in block capitals
This Admissions form, is to be completed by the lawful father/mother/legal guardian of the student.
At least one lawful parent/legal guardian must sign the form. This form must be fully completed (including all supporting documentation where relevant) in order for the enrolment process to be complete.

What year group do you wish to apply for:

2nd <input type="checkbox"/>	TY <input type="checkbox"/>	6th <input type="checkbox"/>
3rd <input type="checkbox"/>	5th <input type="checkbox"/>	

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:

- (a) Right to complain to supervisory authority.
- (b) Right of access.
- (c) Right to rectification.
- (d) Right to be forgotten.
- (e) Right to restrict processing.
- (f) Right to data portability.
- (g) 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 : info@moatecs.com

Please ensure sure that you read the Data Protection Policy available on the school's website www.moatecs.com.

Please read the Department of Education and Skills (DES) Personal Data Fair Processing Notice here in relation to personal data we are legally obliged to share with DES

<https://www.gov.ie/en/circular/f5adff-fair-processing-notice-to-explain-how-the-personal-data-of-students/>

Please complete all sections of the following application using BLOCK CAPITALS

Section 1: (Details of the young person for whom this application is being made)

Student Surname									
Student First Name									
Home Address									
Eircode									
PPS Number									
Name of Post Primary School currently attending plus roll number									
Birth Certificate Forename <i>(if different to above)</i>									
Birth Certificate Surname <i>(if different to above)</i>									
Mother's Maiden Name									
Nationality									
Gender (tick box)	M					F			

Section 2: Details of Parent/Guardian

Section 2: Details of Parent/Guardian		
	Parent/Guardian 1	Parent/Guardian 2
Surname		
Forenames		
Relationship to child (mother/father/other/guardian)		
Phone number		
Contact email for school emails (as given in part 1)		
Mobile number for texting from school (as given in part 1)		
Postal address if different from students		
<p>Correspondence should be addressed to:</p> <p>Mother or <input style="width: 50px; height: 15px;" type="checkbox"/></p> <p>Father or <input style="width: 50px; height: 15px;" type="checkbox"/></p> <p>Both parents/guardians <input style="width: 50px; height: 15px;" type="checkbox"/></p> <p>State above correspondence title ie. Mr & Mrs/Mrs/Mr +specify surname</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		
<p>Access to/custody of student (If there are any orders of other arrangements in place governing access to or custody of the student please provide details below</p>		
Name		
Relationship to the Student		
Address		
Contact Number		
Emergency contact details (not parent/guardian listed above)		
Name		
Contact number		
Relationship to Student		

Medical Details:

These are 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.

	Yes	No
Does student require glasses?		
Does student have hearing difficulties?		
Does the student suffer any Serious illness?		
If yes please specify:		
Is the student on any ongoing medical treatment?		
Has the student any allergies, if so please specify/state:		
Does the student have any of the Chronic Conditions?		
If yes please provide details of any medical concerns/information of relevance /procedures to follow for a particular illness on separate sheet.		
GP name/address and contact number:		

Educational details:

These are 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.

	Yes	No
Does your child have an exemption from Irish in National School		
If yes please attach DES certificate		
Has the student had a psychological assessment?		
If Yes is the psychological report available?		
Date of the psychological report (please enter in format xx/xx/xxxx)		
Is the copy of the psychological report attached/enclosed		
Has the student been granted teaching hours by the National Council for Special Education (NSCE)?		
Has the student availed of the services of a Special Needs Assistant (SNA) granted by the NSCE?		
Has the student been in receipt of learning support at Primary School?		
If yes please provide details below		
State you child's general interest/hobbies. Other relevant information		

Standardised testing and 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: _____ *Signed:* _____

Parent/Guardian

Parent/Guardian

REPORTS ON EDUCATIONAL PROGRESS

Please indicate the person to whom correspondence is to be sent regarding educational progress/attainment of the student, if different from details already supplied by you in Form Part 1 and listed as "correspondence title" on offer document attached.

Name: _____ **Relationship to**

Student _____

Address:

Contact Number: _____

Compliance with School Policy	
<i>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/link) and stated in the Code of Behaviour (attached and signed by Parent/Guardian and Student).</i>	
I agree to monitor my child's progress through the school journal.	
<i>Signed</i> _____	<i>Signed:</i>

<i>Parent/Guardian</i>	
<i>Parent/Guardian</i>	

Checklist	
I/we enclose the Code of Behaviour – read and signed by both Parent/Guardians and Student.	
<i>I/we have read the Data Protection policy on the school website.</i>	
I/we have fully completed and signed Part 2 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)	
The signature of at least one parent/legal guardian is required.	
<i>Signed</i> _____	<i>Signed:</i>

<i>Parent/Guardian</i>	<i>Parent/Guardian</i>
<i>Date:</i> _____	
<i>Date</i> _____	