



**APPLICATION FORM FOR ADMISSION TO ABBEY COMMUNITY COLLEGE**  
**FIRST YEAR, ASD CLASS AND MODERATE GENERAL LEARNING DISABILITY CLASS**  
**2024/2025**

*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 having been accepted as a student of Abbey Community College.*

Completed applications will be accepted from:	Tuesday 03/10/2023
The closing date for receipt of applications is:	Tuesday 24/10/2023 @ 11:00 am

All Application Forms and accompanying documentation should be sent to:	For office use only
<b>Methods of submitting the Application Form for Admission:</b> <ul style="list-style-type: none"> <li>• Post to: Abbey Community College, Abbey Road, Ferrybank, Waterford, X91 PC91.</li> <li>• Call to the school office (for opening hours please see school website).</li> <li>• Scan <i>Application Form for Admission</i> and birth certificate and email to: <a href="mailto:admissions@abbeycommunitycollege.com">admissions@abbeycommunitycollege.com</a></li> </ul>	Date received: ___/___/_____ School Stamp:

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

- Copy of Birth Certificate
  Copy of PPSN

<b>Please complete all sections of the following application using BLOCK CAPITALS</b>	
<b>SECTION 1 - PROSPECTIVE STUDENT DETAILS</b>	
<i>Details of the young person for whom this application is being made.</i>	
<b>First Name:</b>	
<b>Surname:</b>	
<b>Sex: [tick one]</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Student Address:</b>	

<b>Eircode:</b>							
<b>Date of Birth:</b>	<b>Day</b>		<b>Month</b>		<b>Year</b>		
<b>PPSN Number:</b>							
<b>Mother's Maiden Name:</b>							

<b>SECTION 2 – DETAILS OF PARENT/GUARDIAN</b>		
<p><i>This section is <u>NOT</u> 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.</i></p>		
	<b>Parent / Guardian 1</b>	<b>Parent / Guardian 2</b>
<b>Prefix: (e.g. Mr. / Ms. / Mrs. etc.)</b>		
<b>First Name:</b>		
<b>Surname:</b>		
<b>Address:</b>		
<b>Eircode:</b>		
<b>Telephone no.</b>		
<b>Email address:</b>		
<b>Relationship to student:</b>		

<b>SECTION 2A – EMERGENCY CONTACT</b>	
<b>Name:</b>	
<b>Relationship to student:</b>	
<b>Contact telephone number:</b>	

**CONTACT DETAILS WITH HOME**

Please give the postal title  
example: Mr. & Mrs. D. Smith  
and address to be used by the  
school for correspondence  
with home:


Eircode:

Nominate mobile number  
which will receive texts from  
school:

--	--	--	--	--	--	--	--	--	--	--	--

**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 <http://www.abbeycommunitycollege.com/Content/2023/3/pv58-ACC Code of Behaviour March 2023.pdf> 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 (a) – ASD (Centre for students with Autism)**

*The ASD class in Abbey Community College teaches students who have a diagnosis of Autism. Parents are only permitted to apply for the ASD class if they have documentation from a professional body stating that the child needs access to an ASD centre while attending school. A copy of the documentation must accompany this application. Please **only** complete if you are applying for the ASD class.*

Please confirm if this application is being made for:

The ASD class only:  **OR** The ASD class **or** the mainstream year group:   
(Current 2<sup>nd</sup> – 6<sup>th</sup> Year) (Incoming first years only.)

**SECTION 4 (b) - MODERATE GENERAL LEARNING DISABILITY CLASS**

*The Moderate General Learning Disability class in Abbey Community College teaches students who have a moderate learning educational need. Parents are only permitted to apply for the Moderate General Learning Disability Class if*

they have documentation from a professional body stating that the child needs access to the class while attending school. A copy of the documentation, including an Educational/Clinical Psychologist's report, must accompany this application.

Please **only** complete if you are applying for the Moderate General Learning Disability class.

Please confirm if this application is being made for:

The Moderate General Learning Disability class only (current 2<sup>nd</sup> – 6<sup>th</sup> Year):  **OR**

The Moderate General Disability class **or** the mainstream year group (incoming first years only):

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

(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	
(iv) Name:	
Year:	

**B. If the student has any siblings which have previously attended this school, please indicate their names and their year of graduation/final year.**

(v) Name:	
Year of Graduation:	
(vi) Name:	
Year of Graduation:	
(vii) Name:	
Year of Graduation:	

C. Please provide details of the primary school attended by the student.	
School name:	
School address:	

**IMPORTANT INFORMATION:**

- You are required to submit a copy of the Birth Certificate
- 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 KCETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

*NOTE: Should the student receive a place in Abbey 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)

## DATA PROTECTION

The Board of Management of Abbey Community College is a committee of KCETB, Seville Lodge, Callan Road, Kilkenny, Co. Kilkenny, which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for KCETB is Colette Duggan and can be contacted at Colette Duggan, Data Protection Officer, Kilkenny and Carlow ETB, Seville Lodge, Callan Road, Kilkenny.

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 KCETB is subject. In addition, under section V of the Department of Education and Skills' Rules and Programme for Secondary Schools 2004/05, a Principal is required to obtain a "*certified extract from*" the "*public register of births*" in relation to students. Therefore, the school requires sight of the child'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 this Application Form may be communicated internally within KCETB 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.

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 KCETB's Data Retention Policy, which can be found at <https://kcetb.ie/en/>

A copy of the full KCETB Data Protection Policy is available at <https://kcetb.ie/en/> 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 KCETB 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.