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**Please Attach Passport Photo**

**John the Baptist Community School**

**Application for Enrolment**

**Closing date for receipt of applications: 19th NOVEMBER 2021**

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| **Personal Details** | |
| Student Name: | Male: 󠅖 ❑ 󠅖  Female: ❑ |
| Date of Birth: | PPS Number: |
| Home Address:  Eircode: | Nationality: |
| Current Primary School: |
| Doctor’s Name: | Doctor’s Phone Number: |
| Medical Condition(s) (if applicable)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I understand that information concerning my son/daughter’s medical condition may need to be shared with staff in the interest of Health & Safety. **I consent ❑ 󠅖 I do not consent ❑ 󠅖** | |
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| **Family Details** | |
| Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Person in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Names of siblings currently attending John the Baptist Community School:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Educational Needs** | |
| Did your son/daughter have access to Special Education Hours in Primary School? Yes ❑ No❑  Did your son/daughter have access to Assistive Technology (e.g. Laptop) in Primary School? Yes ❑ No❑  Did your son/daughter have access to an S.N.A in Primary School? Yes ❑ No❑  Does your son/daughter have an Irish exemption? Yes ❑ No❑  Has your son/daughter had an assessment: Yes ❑ No❑  Psychological/Occupational/Speech/Other (*If so please provide a copy of the assessment)* | |
| **Other information** | |
| Please tick your preferred option of modern foreign language  FRENCH ❑ **OR**  GERMAN ❑ | |
|  | |
| To which ethnic or cultural background does the above named student belong?  White Irish ❑ Irish Traveller ❑ Roma ❑ Any other white background ❑ Black or Black Irish – African❑ Black or Black Irish – any other Black background ❑ Asian or Asian Irish – Chinese ❑ Asian or Asian Irish – any other Asian background ❑ Other including mixed background ❑ No consent ❑ | |

I wish to enrol my son / daughter in John the Baptist Community School. I accept the school’s Code of Behaviour and will make all reasonable efforts to ensure compliance with the Code of Behaviour by my son / daughter as outlined in the school journal. Further details of the Code of Behaviour are available on www.johnthebaptistcs.ie

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist**

❑ Please enclose original **or** copy of **birth certificate** with your application form

❑ Registration fee - €20 online (please log onto [www.johnthebaptistcs.ie](http://www.johnthebaptistcs.ie)

Select On-line payments, Registration for Incoming 1st Years button) <https://pay.easypaymentsplus.com/feepay1v2.aspx?id=1609>

❑ Copies of relevant assessment / reports (Special Education Student only)

This form will be retained by the school and will be made available for inspection by authorised officers of the Department from the Office of the Data Protection Commissioner.

**Data Protection:** The personal data required from you on this form is required for the purposes of: Student enrolment and registration, allocation of teachers and resources to the school, school administration, to fulfil our other legal obligations, to process appeals, resolve disputes and defend litigations etc.

**You have the following statutory rights that can be exercised at any time:**

Right to complain to supervisory authority, right of access, right to rectification, rights to be forgotten, right to restrict processing, right to data portability, right to object and automated decision making/profiting.

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@johnthebaptistcs.ie](mailto:info@johnthebaptistcs.ie)

**All information will be treated as confidential**