



St Tiernan's Community School

Pobalscoil Tiarnáin Parkvale Balally Dúblín 16 D16 KU26

Principal: Jenny Costello
Telephone: 01-2953224

Deputy Principal: Siobhain McCann
Website: www.tiernans.ie

Reg Charity No 0018597
Email: runai@tiernans.ie

STUDENT APPLICATION FORM

FORM 1

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT.

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

Please tick the year group the student is applying to enter

First Year Second Year Transition Year LCA Fifth Year

Data Protection

The personal data required from you on this admissions form (part 1) is required for the purposes of:-

- fulfilling our legal obligation to provide an education to students
- 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:

- Right to complain to supervisory authority.
- Right of access.
- Right to rectification.
- Right to be forgotten.
- Right to restrict processing.
- Right to data portability.
- Right to object and automated decision making/profiling.

For further information please see our school Data Protection Policy on our website [link]. Should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email: runai@tiernans.ie

**OFFICE RECEIPT DATE STAMP
AND TIME**

1. PERSONAL DETAILS (required for stage 1 of application process)

Student Surname			
Student First Name			
Home Address	First line:		
	Second line:		Eircode:
County			
Date of Birth			
Birth Cert Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Please tick appropriate box)</i>
Birth Certificate Forename (if different to above)			
Birth Certificate Surname (if different to above)			
Mother's Maiden Name			

2. EDUCATIONAL DETAILS

(required for stage 1 of application process)

NAME OF PRIMARY SCHOOL (currently attending)	
ADDRESS OF PRIMARY SCHOOL (currently attending)	
Roll Number of Primary School (currently attending)	

3. FAMILY DETAILS

(REQUIRED FOR SCHOOL ENROLMENT AND PARENTAL CONTACT PURPOSES)

	Parent/Guardian 1	Parent/Guardian 2								
Surname										
Name(s)										
Relationship to child (mother/father/other guardian) please provide details										
Phone Number										
Mobile Number for messaging from School										
<p>Please indicate <u>ONE</u> number to which text messages will be sent. Mobile Number: Please make sure the School is aware of any change in your mobile number. This is essential for texting purposes.</p>										
Contact E-mail Address										
Postal Address (if different from above)										
CORRESPONDENCE SHOULD BE ADDRESSED TO:	Mother <input type="checkbox"/> OR Father <input type="checkbox"/> OR Both parents/guardians <input type="checkbox"/> _____ State above Correspondence title i.e. Mr & Mrs/Mr/Mrs/Ms + specify surname									
Name(s) of PAST PUPILS (brother(s) and/or sister(s)) who attended this school and year of completion at the school.	<table> <tr> <td>Name: <input type="text"/></td> <td>Year: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Year: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Year: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Year: <input type="text"/></td> </tr> </table>		Name: <input type="text"/>	Year: <input type="text"/>	Name: <input type="text"/>	Year: <input type="text"/>	Name: <input type="text"/>	Year: <input type="text"/>	Name: <input type="text"/>	Year: <input type="text"/>
Name: <input type="text"/>	Year: <input type="text"/>									
Name: <input type="text"/>	Year: <input type="text"/>									
Name: <input type="text"/>	Year: <input type="text"/>									
Name: <input type="text"/>	Year: <input type="text"/>									
Does the child have any brothers/sisters currently attending this school?	Name, Age, Class/Year:									
	Name, Age, Class/Year:									
	Name, Age, Class/Year:									

"I DECLARE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT"

Signature (Parent/Guardian): Tick to sign

Date:

Print Name:

CHECKLIST - Have you enclosed:-

- ORIGINAL Birth Cert of student (for photocopying by our office).
- Ticked the boxes and signed all relevant sections.
- Enclosed 2 original (different) current Utility Bills of home address i.e. Electricity, Gas, Landline Phone bill, ONLY (to be presented for photocopying by our office staff).

Failure to complete form fully and supply all necessary documentation will deem application invalid.

If/when a letter of offer is issued, we will require further information with regard to your son/daughter (i.e. part 2 of the Admissions Application must be completed fully and returned to the school - this form will be enclosed with the letter of offer).