

FORM 1

ST AIDAN'S COMPREHENSIVE SCHOOL

SCHOOL APPLICATION FORM for Admission 2026/2027



Please Note FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT

PLEASE FILL OUT DETAILS IN **BLOCK CAPITALS**

Closing date for receipt of Application Form is **17th October 2025**

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:

- (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 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 : office@staidans.ie

**OFFICE RECEIPT DATE STAMP
AND TIME**

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

What year group are you applying for? 1st yr , 2nd yr , 3rd yr , TY , 5th yr , 6th yr
ASD Application or HIC

ASD Application: Children and young people are eligible for enrolment in the Autism special class when the following is provided in support of such an application: Professional report(s) outlining:

- Diagnosis of special educational needs (e.g. Autism: DSM IV/V or ICD 10/11 (psychologist, psychiatrist, multi-disciplinary report) AND
- A demonstration of the understanding of complexity of the child's overall level of need/s evidenced in the professional reports AND
- Given the severity or complexity of the child's support needs, a clear professional recommendation as to what educational placement type would be most appropriate to best meet the child's needs, along with the rationale for same AND
- A letter from the NCSE confirming that the child is known to them and that the child has the required diagnosis and recommendation for a special class for autism/hearing impairment.

Hearing Impairment class

St Aidan's Comprehensive school is a school which has established a class, with the approval of the Minister for Education and Youth, which provide an education exclusively for students with a Hearing Impairment as their primary diagnosis specified by the Minister and may refuse to admit to the class a student who does not have as their primary diagnosis a Hearing Impairment. All applicants to the special class must be known to the NCSE and have the relevant letter from the NCSE confirming eligibility for the special class as this is a prerequisite for enrolment in all special classes in the school.

Student Surname	
Student First Name	
Home Address	
	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 <small>(if different to above)</small>	
Birth Certificate Surname <small>(if different to above)</small>	
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 Nr : _____</p> <p>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	<p>Mother <input type="checkbox"/> OR</p> <p>Father <input type="checkbox"/> OR</p> <p>Both parents/guardians <input type="checkbox"/></p> <p style="text-align: right;">_____</p> <p style="text-align: right;">State above Correspondence title i.e. Mr. & Mrs/Mrs/Mr + specify surname).</p>	
Please state language spoken at home		
Name(s) of PAST PUPILS (brother(s) and/or sisters) who attended this school and year of completion at the school.	<p>_____</p> <p>_____</p>	
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

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).