



**C.B.S. SECONDARY,  
MITCHELSTOWN.**



Iontaobhas Scoileanna Éamainn Rís  
Edmund Rice Schools Trust

**APPLICATION FOR ADMISSION TO FIRST YEAR – 2024/25**

***This is an application form for admission and does not constitute an offer of a place, implied or otherwise.***

<b>Completed applications will be accepted from:</b>	19th October 2023
<b>The closing date for receipt of applications is:</b>	17th November 2023
<b>Applications and accompanying documentation should be sent to:</b>	The Principal, CBS Secondary School, Mitchelstown, Co. Cork.

Applicants should read the school's Admission Policy, which is available on [cbsmitchelstown.ie](http://cbsmitchelstown.ie) prior to completing the application form. The information requested on the application form is required in order to process your application for admission to the school. The information provided by you will be treated confidentially and processed in line with the school's Admission Policy.

Any personal data provided on this form will be used to (i) identify applicants (ii) process an application in line with the school's admissions policy (iii) communicate with parents/guardians in respect of an application (iv) notify parents/guardians of the outcome of an application. 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 information will be retained for an appropriate period thereafter to address any potential queries arising from the application process or added to the student's school file in the case of successful applicants.

In accordance with section 66(6) of the Education Act 1998, as amended, personal data relating to applications for admission may be shared with the board of management of another school or the patron in order to facilitate the efficient admission of students. This information may include the date on which an application was received by the school, the date on which an offer was made and the date on which an offer was accepted. Personal information concerning applicants may also be shared, including their name, address, date of birth and PPS number.

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 the board of management does not have a legal basis for retaining it. Further information on the handling of your personal data, including how to exercise your rights under GDPR, is set out in the school's Data Protection Policy, which is available on the school website at [cbsmitchelstown.ie](http://cbsmitchelstown.ie)

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.

The Board of Management of CBS Secondary, Mitchelstown is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018.

Please complete all sections of the following application using BLOCK CAPITALS

### SECTION 1 – PROSPECTIVE STUDENT DETAILS

First name		Middle name																					
Surname																							
Address																							
Eircode		PPSN	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

### SECTION 2 – PARENT/GUARDIAN DETAILS

*This 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.*

	Parent/Guardian	Parent/Guardian																																								
First name																																										
Surname																																										
Address																																										
Eircode																																										
Telephone No.																																										
Email address (Parent 1)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Email address (Parent 2)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Relationship to applicant																																										

### SECTION 3 – 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 prospective student if he secures a place in the school. Please note that the Code of Behaviour can be found at [www.cbsmitchelstown.ie](http://www.cbsmitchelstown.ie) or obtained from the school office.*

I \_\_\_\_\_ confirm that the Code of Behaviour for the school is acceptable to me as the prospective student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the prospective student if he secures a place in the school.

### SECTION 4 – PROSPECTIVE STUDENT'S GENDER

*CBS Secondary Mitchelstown is a single-gender school and as such only provides education to students whose gender is, or who identifies as, male.*

Please confirm the prospective student's gender or gender identity for the purpose of determining eligibility in line with the school's Admission Policy.

Male

Female

### SECTION 5 – SPECIAL CLASS

*The special class in CBS Secondary, Mitchelstown, teaches students who have Autistic Spectrum Disorders*

**Please ONLY complete Section 5 if you are applying for the special class.**

**Please confirm if this application is being made for:**

The special class only:  **OR** The special class or the mainstream year group:

Where the prospective student is seeking a place in the special class, please provide details of the special educational needs of the prospective student, including an Educational/Clinical Psychologist's report.

### SECTION 6 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

*This information will assist in determining whether the prospective student meets the admission requirements in accordance with the order of priority as set out in section 6 of the Admission Policy for CBS Secondary, Mitchelstown.*

**A. If the prospective student currently has any siblings in this school, please indicate their name(s) and current year(s) of study.**

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

**B. If the prospective student has previously had any sibling(s) in this school, please indicate their name(s) and years of attendance.**

(i) Name		(ii) Name	
Years		Years	

**C. If the prospective student's parent previously attended this school, please indicate his name and years of attendance.**

Name:	
Years:	

**D. Please provide details of the primary school attended by the prospective student.**

School name:	
School address:	

**IMPORTANT INFORMATION:**

- 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, please see page 1 of this form.
- Please sign below to demonstrate that you have read and understood this information.

\_\_\_\_\_  
**(Parent / Guardian 1)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Parent / Guardian 2)**

\_\_\_\_\_  
**(Date)**

OFFICE USE ONLY
<b>Date Application received:</b>
<b>Checked by:</b>
<b>Date entered on school database:</b>
<b>Entered by:</b>