

APPLICATION FORM FOR ADMISSION 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 a having been accepted as a student of Tyndall College.

Completed applications will be accepted from:	Monday 2 nd of October 2023
The closing date for receipt of applications for 1 st Year is:	Monday 23 rd of October 2023

All Application Forms and accompanying documentation should be sent to:	For office use only
Tyndall College Kilkenny Road Carlow R93N5V2	Date received: ____/____/_____ School Stamp:

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

- Recent proof of address (only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted).
- If applying for the Special Class, a Relevant Report completed within the previous 12 months.

Principal

Mr. Gerry McGill

Baile Mhoirtéal,
 Bóthar Chill Chainnigh,
 Ceatharlach, R93 N5V2

Tyndall College
 Mortarstown, Kilkenny Road,
 Carlow, R93 N5V2

Deputy Principals

Ms. Emer Morrissey, Ms. Maria Quinn, Ms. Nicola Phelan

tel: 059 918 2250

email: tyndall.info@kilkennycarlowetb.ie

www.tyndallcollege.ie



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Charity No. CHY20923



YEAR OF APPLICATION

Please tick the Year Group the student is applying to enter:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> First Year | <input type="checkbox"/> Transition Year | <input type="checkbox"/> Sixth Year |
| <input type="checkbox"/> Second Year | <input type="checkbox"/> Fifth Year | <input type="checkbox"/> L.C.A.* (Sixth Year) |
| <input type="checkbox"/> Third Year | <input type="checkbox"/> L.C.A.* (Fifth Year) | |

*LCA = Leaving Certificate Applied

If you selected L.C.A (Fifth Year) or L.C.A (Sixth Year) above, please also confirm if this application is being made for:

LCA only: OR LCA or the mainstream Year Group:

Please complete all sections of the following application using BLOCK CAPITALS

SECTION 1 - PROSPECTIVE STUDENT DETAILS

Details of the young person for whom this application is being made.

First & Middle Name:									
Surname:									
Date of Birth:									
Student Address:									
Eircode:									
PPSN:									

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SECTION 2 – DETAILS OF PARENT/GUARDIAN

This section is NOT 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.

	Parent / Guardian 1	Parent / Guardian 2
Prefix: (e.g. Mr. / Ms. / Ms. etc.)		
First Name:		
Surname:		
Address:		
Eircode:		
Telephone No:		
Mobile Phone No:		
Email address:		
Relationship to student:		

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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 www.tyndallcollege.ie 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 – RULES ON MINIMUM AGE FOR ENTRY INTO SECONDARY SCHOOL

Under section X of the Department of Education and Skills' Rules and Programme for Secondary Schools 2004/05, "A recognised pupil means a pupil who is not less than 12 years of age on the 1st day of January of the school year." Also, section V requires a Principal to obtain a "certified extract from" the "public register of births." Therefore, the school requires sight of the child's long-form birth certificate in order to assess whether s/he meets the requirement.

Please tick the box to confirm that you enclose the child's original long-form birth certificate and a photocopy of same with this Application Form:

I enclose the child's original long-form birth certificate and a copy of same with this Application Form. (The original will be returned to you.)

Principal

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SECTION 5 – SPECIAL CLASS

*The special class in Tyndall College teaches students who have one or more of the following special educational needs: [Autism Spectrum Disorder & Moderate General Learning Difficulty
Please ONLY complete 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 student is seeking a place in the special class, please provide details below of the special educational need(s) of the student.. A Relevant Report confirming the special educational need and the recommendation for the special class, completed within the last 12 months, must also be provided to the school with this Application Form so as to be considered for admission to the special class.

Please note: as per the school’s Admission Policy, eligibility for the special class is subject to the Student having needs which fall within the category of special educational needs provided for by the special class and for transfer students, is subject to there being a place available in the relevant year group.

Details of special educational need:

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

This information will assist in determining whether the student meets the admission requirements in accordance with the order of priority as set out in the applicable section of Part B of the Admission Policy for Tyndall College

A. Please confirm the student’s address for the purpose of determining whether s/he resides in the catchment area. Please note that recent proof of address will be required in support of this. (Only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.)

Address:	

B. 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:	

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C. If the student has previously had any siblings in this school, please indicate their names and years of attendance. This applies to TYNDALL COLLEGE ONLY and not the now closed CARLOW VOCATIONAL SCHOOL.

(i) Name:	
Year(s):	
(ii) Name:	
Year(s):	

D. If the student's parent(s) or grandparent(s) are a current staff member of Tyndall College, please indicate the name(s) of the staff member.

(iii) Name:	
(iv) Name:	

E. Please provide details of the current primary school attended by the student.

School name:	
School address:	

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SECTION 7 – APPLICATIONS TO OTHER SCHOOLS

Failure to complete this section may result in the offer of a place in Tyndall College being withdrawn, in accordance with the Education (Admission to Schools) Act 2018.

<i>Please tick as appropriate</i>	<i>Yes</i>	<i>No</i>	<i>If yes, you are required to provide details</i>
Is the student awaiting an offer of admission from another school(s)?			
Has the student accepted an offer of admission for another school(s)?			

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SECTION 8 – EDUCATIONAL DETAILS

Required for the assessment of individual educational needs

Pursuant to sections 20 and 28 of the Education (Welfare) Act 2000, the school may also receive educational records of the student from a school(s) previously attended by the student.

Additional Educational Needs

Does the student have additional needs?

Yes

No

If yes, tick which of the following describes those needs. Tick all that apply.

Physical Disability

Moderate General Learning Disability

Hearing Impairment

Severe/Profound General Learning Disability

Visual Impairment

Autism/Autistic Spectrum Disorder

Emotional/Behavioural difficulty/disturbance
(e.g. ADD, ADHD, SEBD)

Specific Learning Disability
(e.g. dyslexia, dyscalculia, dyspraxia)

Severe Emotional/Behavioural
Disorder/Disturbance

Specific Speech and Language Disorder

Borderline Mild General Learning Disability

Multiple Disabilities
(tick relevant low incidence disabilities)

Medical Condition

English as an Additional Language

Other:

Briefly describe the nature of any of the needs ticked above.

Does the student have a support file?

Yes

No

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If yes, is a copy of the support file being sent with this form?	Yes		No	
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What level of support is the student currently receiving? (Please tick)	<i>Class Support (Support for All)</i>		
	<i>School Support (Support for Some)</i>		
	<i>School Support + (Support for Few)</i>		
Does the student have a personal pupil plan (PPP)?	Yes		No
If yes, is a copy of the PPP being sent with this form?	Yes		No
Does the student have access to an SNA?	Yes		No
If yes, please describe the nature of access (toileting etc.)			
Has the student had access to an SNA in the past? If yes, please list dates and nature of access.			

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SECTION 9 – EDUCATIONAL DETAILS - CONTINUED

Required for the assessment of individual educational needs

Does the student require any additional supports and/or any environmental adaptations such as adapted furniture, ramps, hoists, assistive technology etc.?

Irish Language Information

Is the student currently studying Irish?

Yes

No

If you answered no, please outline the reason why e.g. exemption:

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SECTION 10 - MEDICAL DETAILS

The following information is requested in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff in certain circumstances in the vital interest of the student.

<i>Please tick as appropriate</i>	<i>Yes</i>	<i>No</i>	<i>If yes, please provide details</i>
Does the student have allergies?			
Does s/he suffer from any medical condition that we should know about? For example, asthma, diabetes, epilepsy, etc.			
Is the student on long term medication of which the school needs to be aware?			
Does s/he suffer from any medical condition that may necessitate the administration of emergency medicine/treatment on the school premises?			
Has the student ever been referred to any outside agency? (i.e. Psychologist, Speech & Language Therapist, Occupational Therapist, Social Worker, etc.) If so, please provide copies of these reports to the school.			

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SECTION 10 - MEDICAL DETAILS - CONTINUED

Please list details of any serious medical/health concerns for the student of which the school should be aware.

--

Doctor's Name:

--

Contact Details:

--

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CONTACT FROM THE SCHOOL

Please be advised that as part of the school's duties and responsibilities under relevant education legislation, upon the student's enrolment in the school, the school may contact parents/guardians/students in relation to the below:

- Educational progress of the student
- Sports days
- Parent-teacher meetings
- School concerts/events
- School closure (*e.g.* where there are adverse weather conditions)
- Student's non-attendance or late attendance
- Student's conduct in school
- Student's social and emotional progress
- Any medical or other issue in the vital interest of the student

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IMPORTANT INFORMATION:

- For the purposes of identification, you are required to submit an original long birth-certificate (together with a copy) and two identical passport-sized photographs of the student when returning this Acceptance Form.
- Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to the student’s application to the school.
- Where the student is exempt from studying Irish, you may transmit any relevant documentation in your possession.
- Where the student has a special educational need, you may transmit any relevant documentation which you believe the school may need to best provide education to the student.
- For information regarding how your data is processed by the school and Kilkenny & Carlow ETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

(Student [where over 18])

(Date)

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DATA PROTECTION

The Board of Management of Tyndall College is a committee of KCETB, Seville Lodge, Callan Road, 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 KCETB, 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 long-form 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 www.kcetb.ie

A copy of the full KCETB Data Protection Policy is available at www.tyndallcollege.ie 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.

OFFICE USE ONLY

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Date Application Received:

Checked by:

Date entered on School Database:

Entered by:

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