

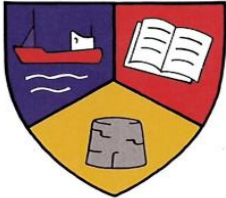
# BALBRIGGAN COMMUNITY COLLEGE

## STEP-BY-STEP APPLICATION GUIDE

### Step 1

Collect application form from the school

NAME: \_\_\_\_\_





**BALBRIGGAN COMMUNITY COLLEGE**  
**APPLICATION FORM**

The image shows a sample application form. At the top, there is a line for the applicant's name, labeled "NAME:". Below this is the college's logo, which is a shield divided into three sections: a blue section with a red boat on white waves, a red section with a white open book, and a yellow section with a grey stone. Below the logo, the text "BALBRIGGAN COMMUNITY COLLEGE" and "APPLICATION FORM" is printed in bold, black, uppercase letters.

# Step 2

Complete all pages of the application form

**APPLICATION FORM FOR ADMISSION TO OTHER YEARS - 2022/2023**

*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 Balbriggan CC.*

Completed applications will be accepted from:	7 <sup>th</sup> June 2022
The closing date for receipt of applications is:	31 <sup>st</sup> August 2022

All Application Forms and accompanying documentation should be sent to:	For office use only
Balbriggan Community College Pineridge, Chapel Street, Balbriggan, Co. Dublin	Date received: _____ School Stamp: _____

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

- An original long birth-certificate (together with a copy)
- 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.

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

<input type="checkbox"/> First Year	<input type="checkbox"/> Third Year	<input type="checkbox"/> Fifth Year
<input type="checkbox"/> Second Year	<input type="checkbox"/> Transition Year	<input type="checkbox"/> Sixth Year

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 Name:	
Middle Name:	

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Surname:	
Student Address:	
Eircode:	
PPSN:	
Date of Birth:	Day: _____ Month: _____ Year: _____

**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 provided 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:		
Address:		
Eircode:		
Telephone 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 <http://www.balbriggancommunitycollege.com/policies> or from the school office.

\_\_\_\_\_ 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 1<sup>st</sup> 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 copy 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.)

**SECTION 5 - SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION**

*This information will assist in determining whether the student meets the admission requirements. The list of questions is in the order of priority as per the Admission Policy for Balbriggan Community 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:	
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**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:	
(iv) Name:	
Year:	

**C. If the student has previously had any siblings in this school, please indicate their names and years of attendance.**

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

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

School name:	
School address:	

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Please ensure application form is signed and dated

<p><b>IMPORTANT INFORMATION:</b></p> <ul style="list-style-type: none"><li>You are required to submit:<ul style="list-style-type: none"><li>(i) An original long birth-certificate (together with a copy), and</li><li>(ii) 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.</li></ul></li><li>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.</li><li>Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.</li><li>For information regarding how your data is processed by the school and DDLETB, please see overleaf;</li><li>Please sign below to demonstrate that you have read and understood this information.</li></ul> <p><i>NOTE: Should the student receive a place in Balbriggan Community College, there is no guarantee that the student will be assigned his/her selected subject choice due to resource issues and/or restrictions on the numbers of students per class.</i></p>
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\_\_\_\_\_  
(Parent / Guardian 1)

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

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

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

\_\_\_\_\_  
(Student [where over 18])

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

OFFICE USE ONLY
Date Application Received:
Checked by:
Date entered on School Database:
Entered by:

### **Step 3**

Completed applications forms along with an original birth certificate and proof of students address to be hand delivered into the school from Monday 3<sup>rd</sup> October 2022 to Monday 24<sup>th</sup> October.

#### **Office Hours as follows:**



**Monday – Thursday**            **9am to 1pm**  
   **1.45pm to 4pm**

**Friday**                                **9am to 1.30pm**

Any forms submitted after 4pm on Monday 24<sup>th</sup> October are considered late applications and will be treated as such.

## Step 4

On arrival at the school please go to the office where a member of staff will review your application form to ensure all sections are fully complete and the correct documentation is included. Once everything is in order the front page will be signed, stamped and dated by the office. A photocopy will be given to you. Please keep this copy safe, as this is your proof of application.



		
<b>APPLICATION FORM FOR ADMISSION TO OTHER YEARS - 2022/2023</b>		
<i>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 Balbriggan CC.</i>		
Completed applications will be accepted from:	7 <sup>th</sup> June 2022	
The closing date for receipt of applications is:	31 <sup>st</sup> August 2022	
<b>All Application Forms and accompanying documentation should be sent to:</b>	<b>For office use only</b>	
Balbriggan Community College Pineridge, Chapel Street, Balbriggan, Co. Dublin	Date received: _/_/____ School Stamp:	
<b>Please ensure you return the following documents to the school to complete the application:</b>		
<input type="checkbox"/> An original long birth-certificate (together with a copy)		
<input type="checkbox"/> 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.		
<b>Please tick the Year Group the student is applying to enter:</b>		
<input type="checkbox"/> First Year	<input type="checkbox"/> Third Year	<input type="checkbox"/> Fifth Year
<input type="checkbox"/> Second Year	<input type="checkbox"/> Transition Year	<input type="checkbox"/> Sixth Year
<b>Please complete all sections of the following application using BLOCK CAPITALS</b>		
<b>SECTION 1 - PROSPECTIVE STUDENT DETAILS</b>		
<i>Details of the young person for whom this application is being made.</i>		
First Name:		
Middle Name:		

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## Step 5

All applicants will be notified of an offer or refusal by 7<sup>th</sup> November 2022.

If an offer has been made an Acceptance Form will be included in your notification. Please complete all relevant sections of the Acceptance Form and return it to the school by **4pm Monday 21<sup>st</sup> November**.

 	
Balbriggan Community College	
<b>ACCEPTANCE FORM FOR ADMISSION – 2022/2023</b>	
<i>Failure to submit this Acceptance Form by the closing date below may result in the withdrawal of the offer of a place in Balbriggan Community College</i>	
Completed acceptance forms will be accepted from:	5 <sup>th</sup> September 2022
The closing date for receipt of acceptance forms is:	12 <sup>th</sup> September 2022
<b>All Acceptance Forms, original long birth-certificate (together with a copy) and accompanying passport-sized photographs should be sent to:</b> Balbriggan Community College Fineridge, Chapel Street, Balbriggan, Co. Dublin	<b>For office use only</b>  Date received: _____ School Stamp: _____
Please complete all sections of this form using <b>BLOCK CAPITALS</b>	
<b>SECTION 1 – PROSPECTIVE STUDENT DETAILS</b>	
<i>Details of the young person accepting the offer of a place.</i>	
First Name:	
Middle Name:	
Surname:	
Gender: [tick one]	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Address:	

Eircode:																			
PPSN:																			
Mother's Maiden Name:																			
Date of Birth:	<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Day	Month	Year															
Day	Month	Year																	
If there are any court orders or other arrangements in place relating to access to or custody of the student, please provide details.																			
<b>SECTION 2 – DETAILS OF PARENT/GUARDIAN/NEXT OF KIN</b>																			
<i>This information is sought for the purposes of making contact in the event of an emergency or in relation to school matters, e.g. meetings, closures etc.</i>																			
	<table border="1"> <tr> <th>Parent/ Guardian /Next of Kin 1</th> <th>Parent / Guardian/Next of Kin 2</th> </tr> <tr> <td>Prefix: (e.g. Mr. / Ms. / Ms. etc.)</td> <td></td> </tr> <tr> <td>First Name:</td> <td></td> </tr> <tr> <td>Surname:</td> <td></td> </tr> <tr> <td>Address:</td> <td></td> </tr> <tr> <td>Eircode:</td> <td></td> </tr> <tr> <td>Telephone no.</td> <td></td> </tr> <tr> <td>Email address:</td> <td></td> </tr> <tr> <td>Relationship to student:</td> <td></td> </tr> </table>	Parent/ Guardian /Next of Kin 1	Parent / Guardian/Next of Kin 2	Prefix: (e.g. Mr. / Ms. / Ms. etc.)		First Name:		Surname:		Address:		Eircode:		Telephone no.		Email address:		Relationship to student:	
Parent/ Guardian /Next of Kin 1	Parent / Guardian/Next of Kin 2																		
Prefix: (e.g. Mr. / Ms. / Ms. etc.)																			
First Name:																			
Surname:																			
Address:																			
Eircode:																			
Telephone no.																			
Email address:																			
Relationship to student:																			

SECTION 2A – OTHER EMERGENCY CONTACT			
Name:			
Relationship to student:			
Contact telephone number:			

SECTION 3 – APPLICATIONS TO OTHER SCHOOLS			
<i>Failure to complete this section may result in the offer of a place in Balbriggan Community College being withdrawn, in accordance with the Education (Admission to Schools) Act 2018.</i>			
<b>Please tick as appropriate</b>	<b>Yes</b>	<b>No</b>	<b>If yes, you are required to provide details</b>
Is the student awaiting an offer of admission from another school(s)?			
Has the student accepted an offer of admission for another school(s)?			

SECTION 4 – EDUCATIONAL DETAILS			
<i>Required for the assessment of individual educational needs</i>			
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	
If yes, is a copy of the support file being sent with this form?	Yes	No	
What level of support is the student currently receiving? (Please tick)	<input type="checkbox"/> Class Support (Support for All) <input type="checkbox"/> School Support (Support for Some) <input type="checkbox"/> School Support + (Support for Few)		
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.			

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:			
SECTION 5 - MEDICAL DETAILS			
<i>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>			
<b>Please tick as appropriate</b>	<b>Yes</b>	<b>No</b>	<b>If yes, please provide details</b>
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.			

Please list details of any serious medical/health concerns for the student of which the school should be aware.	
Doctor's Name:	
Contact Details:	
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:	
<ul style="list-style-type: none"> <li>• Educational progress of the student</li> <li>• Sports days</li> <li>• Parent-teacher meetings</li> <li>• School concerts/events</li> <li>• School closure (e.g. where there are adverse weather conditions)</li> <li>• Student's non-attendance or late attendance</li> <li>• Student's conduct in school</li> <li>• Student's social and emotional progress</li> <li>• Any medical or other issue in the vital interest of the student</li> </ul>	



**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 DDLETB, 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)

**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Checked by: \_\_\_\_\_

Date entered on School Database: \_\_\_\_\_

Entered by: \_\_\_\_\_

On arrival at the school please go to the office where a member of staff will review your acceptance form to ensure all sections are fully complete and the correct documentation is included. Once everything is in order the front page will be signed, stamped and dated by the office. A photocopy will be given to you. Please keep this copy safe, as this is your proof that you have accepted your child's place in the school.