

Application Form for Admission 2025/2026

Student First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Student Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

First Year
Second Year
Third Year

Transition Year
Fifth Year*
Sixth Year

Learning for Life (LfL)
Leaving Cert Applied (LCA)
Year 1 and/or Year 2

Application Instructions

If you are applying for **1st Year**, please provide the primary school reports from 5th and/or 6th class, along with any necessary psychological and professional reports (if applicable).

For applications to **the 2nd, 3rd, Transition Year, 5th, or 6th Year**, please include copies of **previous state examination results, school reports detailing the subjects studied and grades attained, and** all relevant psychological and professional reports (if applicable).

If you are applying to the **Learning for Life (LfL) Programme – Special Class**, please note that availability is limited. You must include all relevant psychological and professional reports with your application form. To facilitate this process, please get in touch with the school to arrange for a SEN/AEN Team member to assist you.

Please be aware that enrolment can only be processed if the school receives all required documentation. Failure to provide all relevant information will result in a hold on processing your application until all necessary documents are submitted. Fully completed applications will be prioritised.

Administration Checklist:

1. Birth Certificate

2. Student's PPSN

3. 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).

4. 5th or 6th Class Primary School Report

or

Last Secondary School State Examination Result and/or School Reports.

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 having been accepted as a student of Roscommon Community College

Completed applications will be accepted from:	1st October 2024
School Open Day (Saturday)	12 th November 2024
The closing date for receipt of applications is:	31st December 2024
All Application Forms and accompanying documentation should be sent to:	For office use only
Roscommon Community College, Lisnamult, Roscommon.	Date received: ___/___/____ School Stamp:

Please complete all sections of the following application using BLOCK CAPITALS + Black Pen

Section 1 - Prospective Student Details

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

First Name:													
Middle Name:													
Surname:													
PPSN:													
Date of Birth:													
Student Address:													
Eircode:													
Primary Contact Person (Name + Surname)													
Relationship to child (Mother, Father, etc)													
Email Address of Contact Person*													
Primary Contact Person's Mobile No.													

Section 2 – Details of Parent/Guardian

This section is only required to be completed if the student is over 18 and wishes the school to communicate with their parent/guardian about this application instead of directly with the student. The information is sought to make contact about this application. If more than one name is given but the address is the same, only one letter will be issued 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.		
Email address:		
Relationship to student:		

Section 3 – School Policies

Please confirm that you have reviewed the following school policies: Admissions, Discipline, Anti-Bullying, Child Protection, Special Education Needs (SEN), Assessment and Reporting, Health and Safety, Attendance, Homework, Acceptable Usage Policy, and the Student Code of Behaviour. By signing below, you acknowledge that these policies are acceptable to you as a parent/guardian, and you commit to making all reasonable efforts to ensure the student's compliance should they secure a place at the school. All of the policies above can be found at www.roscomcol.com or may be obtained from the school office.

I, _____ (name of parent/guardian in capitals), and

_____ (name of the student in capitals), confirm that the policies above are acceptable to me as the student's parent/guardian. I will make all reasonable efforts to ensure compliance by the student if they secure a place at the school.

Signature of Parent/Guardian: _____ Date: _____

Please note that failure to sign will render your application void.

Signature of Student: _____ Date: _____

Section 5 – Learning for Life (Lfl) Special Class ONLY

The special class in Roscommon Community College teaches students with one or more special educational needs: [Moderate 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 and/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 additional 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 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 that fall within the category of special educational needs provided for by the special class. For transfer students, it is subject to a place available in the relevant year group.

A brief outline of special educational needs:

I confirm that I have attached a Psychological Report (completed within the last 12 months) and a medical letter outlining any relevant medical conditions (if applicable). Yes No

Section 6: Please provide details of the primary school attended by the student.

Primary School name:

Primary School address:

Details of any other primary school attended, if applicable: (names/dates/address)

Section 7 – 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 Roscommon Community College

Please confirm the student's address to determine whether s/he resides in the catchment area. Please note that recent proof of address will be required to support 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:	

If the student has any siblings in this school, please indicate their names and current years of study.

Name:	
Year:	
Name:	
Year:	

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

Name:	
Year(s):	
Name:	
Year(s):	

If the student's parent(s) or grandparent(s) previously attended this school, please indicate their name(s) and years of attendance.

Name:	
Year(s):	

Important Information:

Please review the checklist at the front of this form before submission

You are required to submit 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.

All the information you provide in this application form is taken in good faith. The application may be rendered invalid if any information is found to be incorrect, misleading or incomplete.

Please understand that you are responsible for informing the school of any change in contact information or circumstances relating to this application.

Please see overleaf for information regarding how the school processes your data and GRETB.

Please sign below to demonstrate that you have read and understood this information.

NOTE: Should the student receive a place at Roscommon Community College, there is no guarantee that they will be assigned to their selected subject choice due to resource issues and/or restrictions on the number of students per class.

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

(Student [if over 18])

(Date)

OFFICE USE ONLY
Date Application Received:
Checked by:
Date entered on School Database:
Entered by:
DATA PROTECTION
<p>The Board of Management of Roscommon Community College is a committee of GRETB, An Coilear Bán, Athenry, Co. Galway which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for GRETB is Ms. Máiréad Thompson and can be contacted at info@gretb.ie.</p> <p>The personal data supplied on this Application Form and the accompanying documentation sought is required for the purpose of:</p> <ul style="list-style-type: none"> • Verification of identity and date of birth; • Verification and assessment of admission criteria; • Allocation of teachers and resources to the school; and • School administration, <p>all of which are tasks carried out pursuant to various statutory duties to which GRETB is subject.</p> <p>Failure to provide the requested information may result in the application being deemed invalid and an offer of a place may not be made.</p> <p>The personal data disclosed in, or as part of, this Application Form may be communicated internally within GRETB and externally with the NCSE and/or NEPS 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. It may also be shared with Tusla Education Support Services for the purpose of assisting the student with education and training opportunities, in line with section 28 of the Education (Welfare) Act 2000.</p> <p>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 GRETB's Data Retention Policy, which can be found at GRETB Retention Policy. .</p> <p>A copy of the full GRETB Data Protection Policy is available at or from the school office.</p> <p>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 GRETB does not have a legal basis for retaining it.</p> <p>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.</p>