**Application Form for Castletown Primary School**

**I/We, (insert parent’s/guardian’s name(s))\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wish to apply to enrol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert pupil’s name) in Castletown Primary School.**

**Pupil Information:**

|  |  |
| --- | --- |
| **Pupil Name:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **Current Age:** |  |
| **Gender:** |  |
| **Class Level you wish to apply for:**  |  |
| **Starting Date:** |  |
| **Does your child have any medical needs?****(If ‘yes’ please explain)** |  |
| **Does your child have any special educational needs?****(If ‘yes’ please explain)** |  |
| **Which class type do you wish to apply for?****Tick as appropriate.** |  **Mainstream** **Autism Spectrum Disorder Class** |
| **If you wish to apply for the specialist ASD class does your child have a professional report dated within the last two years recommending this placement?**  |  |
| **Previous school or pre-school information** |  |
| **Parents/Guardians Names:** | **Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Correspondence** **Address (if different from above)** |  |
| **Contact Details:**  | **Landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Mother’s Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Father’s Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please tick that you have read the following:**

**I acknowledge that this is** **not an enrolment form and that this application form does not guarantee my child a place in Castletown Primary School.**

**I consent to this information being used as part of the enrolment procedures as outlined in the Enrolment Policy**

Both Parents **must** sign below: **DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GDPR NOTICE: The information provided will be used to process applications for places in Castletown Primary School. The admissions team, school secretary and Board of Management will have access to this information. This information will be stored in a locked filing cabinet with limited access in the main office. All application forms will be held securely until the child has reached 25 years of age.**

**Office Use Only: Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Number:\_\_\_\_\_\_\_\_\_\_\_\_**

**Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**