Bayside Senior National School - Application Form 2023

Verbena Ave., Bayside, Dublin 13. Tel: 01-8393682



baysidesns@gmail.com www.baysidesns.ie

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

Before you provide us with any information, plea	ase indicate that you consent for us to gather and process your
p <u>ersonal data in line with General Data Protectio</u>	on Regulation (GDPR) I consent \Box I DO NOT consent \Box
The information below is required to process you	ur application in line with our Admissions policy –
Application for (please tick): 3rd class ☐	4th class ☐ 5th class ☐ 6th class ☐
You must read and accept our Admissions Policy This is available on the policies page of our webs	• • • • • • • • • • • • • • • • • • • •
Please tick to confirm you have read and accep	ted the Admissions Policy: I accept 🗖 I do not accept 🗖
Your application will not be accepted without that have included the relevant paperwork)	the following documentation: (Tick to confirm that you
Birth Cert: ☐ Baptismal Cert (if applicable): ☐	2 original utility bills * dated within the last 6 months: □
Child's First Name:	Child's Last Name:
Birth Cert First Name (if different from name above):	Birth Cert Last Name (if different from name above):
Gender: Female	Child's Date of Birth:
Home Address:	
(This is w	where the child resides)
Home Phone:	_
Previous School:	
(Name, Addro	ess & Phone number, please)
Child's Class level in previous school:	Name of previous teacher:
<u>Please note:</u> repeating a class level	is not an option on transfer from another school
Proposed date of admission:	

Parent/Guardian 1:	Parent/Guardian 2 (if applicable):
Name:	Name:
Address:	Address:
Email:	Email:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Child's place in family (e.g. eldest/youngest etc.):	
Have you submitted an application for any other member of the family? YES \Box / NO \Box	
Name(s):	
Brother / sister in the Junior or Senior School?	YES 🗆 / NO 🗆
Name(s):	Class:
Signed:Date:	
Your child's name will be added to our list of possible en place in this school. The Board of Management will owriting to parents / guardians. Please see our enrolme Copies of our Code of Behaviour and Anti-Bullying Policy	consider all applications and decisions will be issued in ent policy on <u>www.baysidesns.ie</u> for further information
*Acceptable documents for Proof of Address: Original U Statement from Bank/Building Society/Credit Union, Lett correspondence from an Irish State Agency. NB mobile submitted documents (as proof of address) must be dated wi	ter from Dept. Social Protection/Revenue. Other official phone and waste collection bills are not acceptable. The
<u>Please Note</u> : Incorrect information submitted regarding enrolment eligibility renders an application invalid. Parents of children who are enrolled on the basis of misinformation will be asked to withdraw their child (ren) from the school. Proof of address may be investigated to determine eligibility as per above.	
Office Use:	

Date Received: ______ Acknowledged: ______ Place offered: _____