

APPLICATION FORM FOR ADMISSION (MAINSTREAM) FOR TRANSFER STUDENT - 2026/2027

This is an application form for students seeking admission to a year group other than First-Year 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 Scariff Community College.

Completed applications will be accepted from:	Tuesday 5 th May 2026
The closing date for receipt of applications is:	Friday 5th June 2026

All Application Forms and accompanying documentation, and any queries regarding applications and admissions, should be sent to:	For office use only
<p>The Principal, Scariff Community College, Drewsborough Road, Scariff, Co. Clare. V94Y9W2</p>	<p>Date received: ___/___/___ School Stamp:</p>

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

- An original birth certificate (this will be photocopied and sent back to you by return)
- Recent proof of address (utility bill for the address, dated within the last three months and in the name of the parent(s)/guardian(s)).

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

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Second Year | <input type="checkbox"/> Third Year | <input type="checkbox"/> Transition Year |
| <input type="checkbox"/> Fifth Year | <input type="checkbox"/> Sixth Year | <input type="checkbox"/> Repeat 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:	
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 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.		
Email address:		
Relationship to student:		

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. The Code of Behaviour can be found at www.scariffcommunitycollege.ie or is available 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.

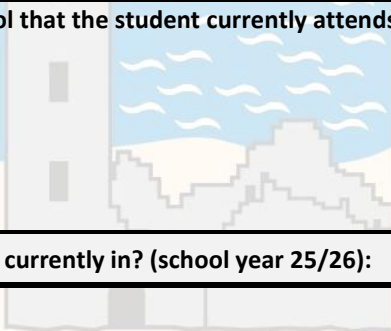
SECTION 4 – FOR COMPLETION IN THE CASE OF INTER-SCHOOL TRANSFER

Please indicate the subjects currently being studied (or studied in most recent school year) and the level if applicable. If currently in TY, please complete in respect of subjects studied at Junior Certificate.

English		Irish		Maths	
History		Geography		Science	
French		Italian		Spanish	
German		Physical Education		Business Studies	
Materials Technology Wood		Civil Social and Political Education (CSPE)		Social, Personal and Health Education (SPHE)	
Home Economics		Graphics		Metalwork	
Art		Technology		Music	
Accounting		Agricultural Science		Applied Mathematics	
Computer Science		Biology		Chemistry	
Construction Studies		Religious Education		Engineering	
Physics		Politics and Society		Economics	

If the student is currently studying any subject(s) not listed above, please name the subject(s) here:

Name & address of school that the student currently attends:



What year is the student currently in? (school year 25/26):

SECTION 5 – 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 the Admission Policy for Scariff Community College.

A. If the student currently has any siblings in this school, please indicate their names and current year of study. If student is the eldest in the family, please indicate this below.

i. Name:	
Year:	
ii. Name:	
Year:	
iii. Name:	
Year:	
iv. Name:	
Year:	

Is the student the eldest in his/her family? YES NO

B. Please provide the name of the Primary school that the child attended and years of attendance.

Name of Primary School:	
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C. 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 for the address, dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.)

Address:	

D Please provide the name of the parent/guardian of the Student where they are a member of staff of the school.

Full Name:	
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IMPORTANT INFORMATION:

- You are required to submit recent proof of address – a registered utility bills in relation to the address, dated within the last three months and in the name of the parent(s)/guardian(s).
- 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.
- Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.
- Incomplete applications will not be processed by the school, in line with the Admission Policy.
- For information regarding how personal data is processed by the school and LCETB, please see overleaf.

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

NOTE: Should the student receive a place in Scariff 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.

(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:	

DATA PROTECTION

The Board of Management of Scariff Community College is a committee of the Limerick and Clare Education and Training Board (LCETB), which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for LCETB is Joanne O'Brien and can be contacted at the Limerick & Clare Education and Training Board (LCETB), Marshal House, Dooradoyle, Co. Limerick (Telephone) 061 442100.

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 LCETB 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 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 LCETB 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 LCETB's Data Retention Policy, which can be found at www.lcetb.ie.

A copy of the full LCETB Data Protection Policy is available at www.lcetb.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 LCETB 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.