

FULL-TIME SCHOOL APPLICATION FORM

2022/2023

(To be completed by the applicant)

STUDENT DETAILS:

Surname _____ **First Name** _____

DOB (DD/MM/YY) _____

Age when completing The Leaving Certificate: _____

School Year Entering in Sept 2022:

5 th Year	<input type="checkbox"/>
6 th Year	<input type="checkbox"/>
Repeat	<input type="checkbox"/>

Please tick ✓

Student PPS Number _____

Student Email Address _____

Student Mobile Number _____

Nationality _____

Home Address

Why are you thinking of moving to The Academy?

Have you attended an open evening held by The Academy?

Yes No

PARENT/GUARDIAN CONTACT DETAILS:

Primary Contact Name: _____

Secondary Contact Name: _____

Primary Mobile Number: _____

Secondary Mobile Number: _____

Primary Email: _____

Secondary Email: _____

In the case of joint guardianship, please inform the school and provide details for both guardians.

Address for Correspondence: (if different from above)

Emergency Contact Name: _____

Mobile Number: _____

EDUCATIONAL HISTORY:

How many days of school were you absent for during the last academic year?

1 – 5 days	
6 – 10 days	
10+ days	

If absent for 10 days or more, please provide an explanation below:

Do you have any specific learning difficulties?

Yes No (If yes, please outline the nature of this difficulty)

Do you require any specific learning support in order to access the curriculum?

Yes No (If yes, please specify)

While The Dublin Academy of Education does not provide psychological testing for Additional Educational Needs, we are happy to facilitate students with such needs, and can provide information where required.

Please note that we do not provide additional learning support/classroom assistants at the school.

Have you been in receipt of Reasonable Accommodations previously?

Yes No (If yes, please specify and attach relevant paperwork)

Spelling & Grammar Waiver	
Use of Laptop	
Reader	
Rest breaks	
Scribe	
Shared Special Centre	
Individual Special Centre	

Will you be applying for Reasonable Accommodations for your Leaving Certificate?

Yes No (If yes, please specify and attach relevant paperwork)

Please be aware that we may not be able to provide individual exam centres for students. Please also be aware that we may not be able to accommodate all requests for shared special centres.

Were you exempted from studying Irish for your Junior Certificate?

Yes No (If yes, please specify and attach relevant paperwork)

Have you been subject to serious disciplinary sanctions, including suspension or expulsion from school?

Yes No (If yes, please specify)

The Dublin Academy of Education reserves the right to seek confirmation of any information disclosed and will, if required, seek references in support of this application.

MEDICAL HISTORY: (STRICTLY CONFIDENTIAL)

Do you have any medical conditions/ allergies that we should be aware of?

Yes/ No (If yes, please specify)

We ask this question to ensure that we are able to provide a supportive environment that enables every student to fully access the curriculum. If you are in doubt, please consult the principal.

Have you ever suffered from mental health issues or anxiety in the past?

Yes/ No (If yes, please specify)

SCHOOLS ATTENDED:

PRIMARY EDUCATION

1. -----

DATES: -----

2. -----

DATES: -----

SECONDARY EDUCATION

1. -----

DATES: -----

2. -----

DATES: -----

If you have moved school during your secondary education, please provide an explanation below:

<u>JUNIOR CERT RESULTS</u>			<u>LEAVING CERT RESULTS (If applicable)</u>		
Subject	H/O	Grade	Subject	H/O	Grade
English			English		
Irish			Irish		
Maths			Maths		
			Total Points:		
			HPAT Score (if applicable):		

All students applying should have obtained a minimum of 5 honours at Junior Certificate or Merit/ Higher Merit/ Distinction at Common Level Junior Cycle.

SUBJECTS YOU INTEND TO TAKE AT THE ACADEMY

SUBJECT	LEVEL	TARGET GRADE (H1/H2 etc.)
1. English		
2. Irish		
3. Maths		
4.		
5.		
6.		
7.		
8.		

**** Please note some subjects may take place outside of normal school hours ****

What points are you aiming to achieve in The Leaving Certificate: _____

Please give details of intended 3rd Level Education Courses: (If known)	
First Choice:	
Second Choice:	
Third Choice:	

Have you attended The Dublin Academy of Education for any of the following courses?

	Please ✓
Weekly Grinds	
Easter Revision Courses	
Free Courses	
Online Courses	

How did you hear about The Academy?

Is there any additional information which may be relevant to your application to attend The Academy (e.g. social or behavioural issues, disciplinary sanctions, etc.)?

Yes /No (If Yes, please specify)

Please note that failure to disclose a material fact pertinent to the application may jeopardise a student's place at the school.

The Dublin Academy of Education reserves the right to refuse admission to any student who, in the opinion of The Dublin Academy of Education, would not benefit from the educational provisions of the school and reserves the right to decide upon special cases which may arise from time to time.

All disclosed information shall be processed in accordance with our data protection policies, procedures and GDPR

STUDENT CONSENT:

If you <u>DO NOT</u> consent to having your image appear in print/social media as part of the promotion of The Dublin Academy of Education, please tick this box:	
--	--

I understand that if I receive a link from The Dublin Academy of Education to access live-streamed classes is for my benefit as a full-time student of The Academy, and I pledge not to share this link, or re-broadcast, any part of a class.

I also understand that if I do share this link, or re-broadcast any material, my access privileges to this service may be revoked. I further understand and acknowledge that my image may appear in live-streamed classes from time to time.

I/ We the undersigned, confirm that all the information provided by me to The Dublin Academy of Education is true and accurate. All information provided will be treated in the strictest of confidence.

We understand that failure to provide accurate information may impact on future placement in the Academy. I/We the parent(s)/guardian(s) undertake to pay all fees to The Dublin Academy of Education:

Student Signature: _____

Parent/ Guardian Signature: _____

Date: _____

<p><u>For Office Use Only:</u></p> <p>Date of Meeting: _____</p> <p>Deposit Paid: _____</p> <p>Date: _____</p>
--