



**wwetb**

Bord Oideachais agus Oiliúna  
Phort Láirge agus Loch Garman  
Waterford and Wexford  
Education and Training Board

**Coláiste Bhaile an Droichid**  
**Bridgetown College**

**Baile an Droichid Co Loch Garman**  
**Bridgetown Co Wexford**



**Príomhoide/ Principal:**  
**Mr Adrian Power**  
**Leas-Phríomhoide/ Deputy Principal:**  
**Ms Anne Carroll**

**Bridgetown College**  
**Enrolment Form**  
**1<sup>st</sup> Year**  
**2020-2021**

**Please Note**

**Submission of this form constitutes enrolment in Bridgetown College for 2020 - 2021. The data collected is necessary for the school to carry out its functions once a student is enrolled.**

**Should it happen that an enrollee does not take his/her place at the start of the new academic year, all personal data relating to the enrollee and his/her family/guardians will be deleted.**

T: (053) 9135257 email: [bridgetowncollege@wwetb.ie](mailto:bridgetowncollege@wwetb.ie) Uimhir Rolla/Roll No: 71610E



Completed applications will be accepted from:	06-11-2019
The closing date for receipt of applications is:	29-11-2019

<b>All Application Forms and accompanying documentation should be sent to:</b>	<b>For office use only</b>																
Applications Office Bridgetown College Bridgetown Co. Wexford Y35 R628	Date received:																
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
School Stamp:																	

<b>Please complete all sections of this form using BLOCK CAPITALS</b>							
<b>SECTION 1 –STUDENT DETAILS</b>							
<i>Details of the young person enrolling in Bridgetown College.</i>							
<b>First Name:</b>							
<b>Middle Name:</b>							
<b>Surname:</b>							
<b>Date of Birth:</b>							
	D	D	M	M	Y	Y	Y
<b>PPSN:</b>							
<b>Sex: [tick one]</b>	<input type="checkbox"/> Male			<input type="checkbox"/> Female			
<b>Nationality:</b>							
<b>Mother's Maiden Name:</b>							
<b>Address:</b>							
<b>Eircode (If known):</b>							
<b>Present School:</b>					<b>Roll Number:</b>		

Details of Siblings:	1.
	2.
	3,
Family Doctor:	
Notes on any medical issues that the school needs to be aware of:	
Exemption from Irish	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <i>If yes, please attach certificate issued by current school. Please note that in the absence of a certificate, your child will be placed in an Irish class.</i>
<b>If there are any orders or other arrangements in place relating to access to or custody of the student, please provide details.</b>	

SECTION 2 – DETAILS OF PARENT/GUARDIAN		
<i>The information is sought for the purposes of making contact in relation to the student. 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.</i>		
	Parent / Guardian 1	Parent / Guardian 2
Mr. / Ms. / Ms. etc.)		
First Name:		
Surname:		
Address:		
Eircode:		
Telephone no.		
Email address:		
Relationship to student:		

### SECTION 3 – STUDENT CODE OF BEHAVIOUR

Please note that the Code of Behaviour can be found at <http://www.bridgetowncollege.ie/wp-content/uploads/2017/05/CoB.pdf> or 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 if s/he secures a place in the school.

### SECTION 4 – RULES ON MINIMUM AGE FOR ENTRY INTO SECONDARY SCHOOL

Under section X of the Department of Education and Skills' Rules and Programme for Secondary Schools 2004/05, "A recognised pupil means a pupil who is not less than 12 years of age on the 1<sup>st</sup> day of January of the school year." Also, section V requires a Principal to obtain a "certified extract from" the "public register of births." Therefore, the school requires sight of the child's birth certificate in order to assess whether s/he meets the requirement.

**Please tick the box to confirm that you enclose the child's original long-form birth certificate and a photocopy of same with this Application Form:**

- I enclose the child's original long-form birth certificate and a copy of same with this Application Form. (The original will be returned to you.)

### SECTION 5 – ASD Unit

*The ASD Unit in Bridgetown College teaches students who have one or more of the following special educational needs: [Autism Spectrum Disorder, Asperger Syndrome]  
Please complete ONLY if you are applying for a place in the ASD Unit.*

Please tick if you are applying for a place in the ASD unit.

Where the student is seeking a place in the special class, please provide details of the special educational needs of the student, including an Educational/Clinical Psychologist's report.

### SECTION 6 – APPLICATIONS TO OTHER SCHOOLS

*Failure to complete this section may result in the offer of a place in Bridgetown College being withdrawn, in accordance with the Education (Admission to Schools) Act 2018.*

<i>Please tick as appropriate</i>		<i>If yes, you are required to provide details</i>
Is the student awaiting an offer of admission from another school(s)?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Has the student accepted an offer of admission for another school(s)?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

### SECTION 7 – EDUCATIONAL DETAILS

*Required for the assessment of individual educational needs*

Pursuant to sections 20 and 28 of the Education (Welfare) Act 2000, the school may also receive educational records of the student from a school(s) previously attended by the student.

#### ***Irish Language Information***

Is the student currently studying Irish?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
If you answered no, please outline the reason why, e.g. exemption:		

#### ***Resource and Special Educational Needs information***

Does the student have any special educational needs?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
If you answered YES, please give details of the special educational need:		
Has the student been in receipt of learning support or resource hours in his/her primary school?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
If yes, for how many years:		
Has the student received EAL ( <i>English as an Additional Language</i> ) support?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
If yes, for how many years:		

#### ***Other relevant information***

Details of any other educational information which you deem appropriate to share with the school

**SECTION 8 - MEDICAL DETAILS**

*The following information is requested in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff in certain circumstances in the vital interest of the student.*

<i>Please tick as appropriate</i>		<i>If yes, please provide details</i>
Does the student require glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have hearing issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does s/he suffer from any medical condition that we should know about? For example, asthma, diabetes, epilepsy, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student on long term medication of which the school needs to be aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does s/he suffer from any medical condition that may necessitate the administration of emergency medicine/treatment on the school premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever been referred to any outside agency? ( <i>i.e.</i> Psychologist, Speech & Language Therapist, Occupational Therapist, Social Worker, etc.) If so, please provide copies of these reports to the school.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list details of any serious medical/health concerns for the student of which the school should be aware.		
Doctor's Name:		
Doctor's Contact Details:		

## Form of Consent

### Pupil Computer Account Agreement

The college has an *Acceptable IT Usage Policy*. It outlines the rules and regulations governing the use of the school's computers and computer systems. All students in the school are offered their own computer account and an Office 365 account which gives them access to their own storage space as well as internet access. Students are expected to respect the Acceptable Usage Policy which can be viewed on [www.bridgetowncollege.ie](http://www.bridgetowncollege.ie).

Please tick one of the boxes below to indicate whether you give permission for your son/daughter to have his/her own computer account on the school server in addition to an Office 365 account.

Yes  No

---

### Photographs of Students

The school maintains a database of photographs to create a pictorial and historical record of life at school. Passport photographs are kept on each student's file and other student photographs may be published:-

- On our school / WWETB website
- In brochures / school prospectus / promotional material
- In newsletters
- In local and national newspapers
- On social media platforms and similar school-related productions
- In other school related productions

Please indicate if you give your permission for this usage by ticking one of the boxes below.

Yes  No

---

### Out-of-School Activities

Students may from time to time be involved in out-of-school activities because they are participating in extra-curricular activities including:

- sports and outdoor pursuits, swimming or horse riding
- attending information sessions/open days/lectures/ploughing championships/driver awareness
- going to the theatre, cinema or library
- participating in field trips/projects to meet course requirements
- participating in choral/musical events
- participating in competitions or events relating to personal development
- class tours/trips

Please tick one of the boxes below to indicate whether you give permission for your son/daughter to participate in these activities.

Yes  No

---

If you need to withdraw consent for any reason, please notify us at your earliest convenience.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Department of Education & Skills (DES)

## Data Request Form

If you wish to accept an offer of enrolment in Bridgetown College today, we are obliged by the Department of Education and Skills, to ask you to supply the following information.

NAME OF SCHOOL **Bridgetown College**

ADDRESS OF SCHOOL **Bridgetown Co Wexford**

NAME OF STUDENT \_\_\_\_\_

Date of Birth of Student \_\_\_\_\_

Academic year which student is enrolling: **1<sup>st</sup> Year**

**Q1: What is the student's NATIONALITY\*?** \_\_\_\_\_  
(please use BLOCK CAPITALS)

\* NATIONALITY is the preferred nationality which the parent/guardian (or student, where of an age deemed competent to do), so provides. It is chosen regardless of whether the student is adopted or has dual nationality.

**Q2: Is English or Irish the MOTHER TONGUE of the student\*\*?** \_\_\_\_\_  
(answer YES or NO Please use BLOCK CAPITALS)

\*\* MOTHER TONGUE is the language a child speaks as their first language.

**IN RESPECT OF THE NEXT QUESTION YOU MAY OPT NOT TO PROVIDE AN ANSWER.**

**Q3: To which ethnic or cultural background does the above named student belong?**

*Please circle only one category (these categories used are based on the Census)*

1. White Irish
2. Irish Traveller
3. Roma
4. Any other white background
5. Black or Black Irish – African
6. Black or Black Irish – any other Black background
7. Asian or Asian Irish – Chinese
8. Asian or Asian Irish – Any other Asian background
9. Other including mixed background
10. No consent

\_\_\_\_\_  
Signed (Parent)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**Please return completed forms to the student's school.  
This form should be retained by the school for the duration of the student's enrolment and made available for inspection by an officer of the Department or the Office of the Data Protection Commissioner, if required.**



## Why is the Department looking for this information?

Circular 0023/2016

Appendix B – The student data and the purposes for which it is being collected.

<b>Data required</b>	<b>Purpose</b>	<b>Comment</b>
Nationality*	<p>This is required for statistical and reporting purposes</p> <p>Nationality is collected for students in the education and training sectors.</p> <p>Data will be used in aggregate format only.</p>	*It is the preferred nationality which the parent/guardian or student who is deemed competent to do so provides. It is chosen regardless of whether the student is adopted or has a dual nationality.
Is English or Irish the mother tongue* of the student (Yes/No)	<p>To help identify need for language support.</p> <p>To monitor progression and assessment of outcomes.</p> <p>Meet national and EU reporting requirements.</p>	*Mother tongue is the language a child speaks as their first language.
Ethnicity or cultural background of the student	<p>To assist outcome focused planning of policy and support for minority groups.</p> <p>Monitoring and evaluation of policy supports.</p> <p>Data on students from the Traveller community is required for the allocation of enhanced capitation.</p> <p>Data on Roma is required for reporting to the EU and UN.</p>	<p><b>The identification in relation to ethnic and cultural background is on the basis of voluntary self-identification. It is not compulsory. Parents and students are free to decline to provide this information.</b></p> <p>The question is similar to the question in the national census.</p>

## DATA PROTECTION

The Board of Management of Bridgetown College is a committee of WWETB, Ardavan Business Park Ardavan, Wexford which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for WWETB is Fintan O'Reilly and can be contacted at Data Protection Office at WWETB, Ardavan Business Park, Ardavan, Co. Wexford Y35 P9EA, Ph: 053 91 23799

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 WWETB 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 long-form 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 WWETB 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 WWETB's Records Management Policy, which can be found at [www.waterfordwexford.etb.ie](http://www.waterfordwexford.etb.ie)

A copy of the full WWETB Data Protection Policy is available at [www.waterfordwexford.etb.ie](http://www.waterfordwexford.etb.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 WWETB 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.

**The personal data supplied to us either as part of your child's enrolment or personal data that has already been supplied to us is required for the purposes of:**

- student enrolment
- student registration
- allocation of teachers and resources to the school
- determining a student's eligibility for additional learning supports and transportation
- examinations
- school administration
- child welfare (including medical welfare)
- fulfilment of our other legal and statutory obligations.

Contact details will also be used for any of the following reasons:-

- Student Enrolment/Registration
- To fulfil our other legal statutory obligations
- Sports days / activities
- Parent teacher meetings
- School concerts / events
- To notify you of school closure (e.g. where there are adverse weather conditions)
- To notify you of your child's non-attendance or late attendance or any other issues relating to your child's conduct in school
- To communicate with you in relation to your child's social, emotional and educational progress
- To contact you in the case of an emergency

While the information provided will generally be treated as confidential to Waterford Wexford ETB, from time to time it may be necessary for us to exchange personal data on a confidential basis with other bodies including the Department of Education & Science, the Department of Social & Family Affairs, An Garda Síochána, the Health Service Executive, the National Educational Welfare Board or with another school (where the student is transferring). These bodies are outlined in the WWETB Data Protection Policy.

We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your/your child's personal data you should write to the school principal.

**Data Protection Policy:**

A copy of the full Data Protection Policy can be obtained from the WWETB Website, and you and your child should read it carefully. You are now requested to sign that you consent to your data/your child's data being collected, processed and used in accordance with this Data Protection Policy during the course of their time as a student in the school/centre. Where the student is over 18 years old, they will be asked to sign their consent to this.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT INFORMATION:**

- You are required to submit:
  - (i) An original long birth-certificate (together with a copy), and
- 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.
- For information regarding how your data is processed by the school and WWETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

***NOTE:** Should the student receive a place in Bridgetown 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)

OFFICE USE ONLY	
Date Application Received:	
Checked by:	
Date entered on School Database:	