



Application Form for First Year 2025 – 2026

NB: ONLY forms accepted by the school from 1st Oct 2024 - 22nd Oct 2024 are valid applications.

Admission Policy

Read CBS Secondary School Kilkenny Admissions Policy and Admissions Notice prior to application. A copy of the Admissions Policy, Admissions Notice and the Application Form for admission for the school year 2025 – 2026 are available as follows:

- To download as a PDF from <https://cbaskilkenny.ie>
- On request, by writing to: School Office, CBS Secondary School Kilkenny, James's St, Kilkenny, R95 H985 or by emailing office@cbaskilkenny.ie

Applicant Details

| | | | |
|---|--|---|--|
| Student Surname (as appears on Birth Cert): | | | |
| Student First name(s) (as appears on Birth Cert): | | | |
| Name by which student is commonly known: | | | |
| Date of Birth: | | | |
| Student PPS Number: | | | |
| Address: | | | |
| Eircode: | | Student Religion: | |
| Mother's Maiden Name | | | |
| Current Primary School: | | Number of years enrolled at current Primary School: | |

Before completing the following section, please **read section 6 of the Admissions Policy**. Tick each selection criterion that is relevant to the above Applicant, providing full details in each case.

| Selection Criteria from Admissions Policy | Tick | Provide FULL details |
|---|------|---|
| Criterion 1 (brother currently in the school): | | Brother's name: |
| Criterion 2 (son of serving staff member): | | |
| Criterion 3 (student of CBS Kilkenny Primary School since 3rd Class): | | CBS Primary School Kilkenny will provide you with a stamped letter confirming this. You MUST include the letter with this application. |
| Criterion 4 (All other applicants): | | |

Tel: 056 7721402

web: www.cbaskilkenny.ie

email: office@cbaskilkenny.ie

CBS Secondary School, James's St, Kilkenny, R95 H985

Meánscoil na mBráithre Críostaí, Sráid Shéamais, Cill Chainnigh, R95 H985

Please complete overleaf also

| Parent/Guardian Details | | |
|---|--------------------|--------------------|
| | 1. Mother/Guardian | 2. Father/Guardian |
| Surname: | | |
| First name(s) | | |
| Relationship to Applicant: | | |
| Mobile Phone: | | |
| Work Phone: | | |
| Email address: | | |
| Postal Address: <i>(if different to student address)</i> | | |

| Important Information |
|--|
| <p>The purpose of this Application Form is to register your details for consideration for a place in CBS Secondary School Kilkenny.</p> <ul style="list-style-type: none"> I/We understand that it is our responsibility to read the Admissions Policy, which is available on the school website, cbskilkenny.ie, before submitting this form. I/We understand that applications must be made on this official Application Form only and within the timeframe as outlined in the Annual Admissions Notice posted on the school website. I/We understand that by signing this form I/We declare all information contained to be true & accurate. I/We also agree to our information being gathered by CBS Secondary School Kilkenny in line with CBS Secondary School Kilkenny Data Protection Policy which is also available on the school website. I/We agree that, in the event that our application is successful and that the Applicant is enrolled, we accept all of the policies and the Code of Behaviour of CBS Secondary School Kilkenny. I/We accept that, as outlined in Section 12 of the Admissions Policy, the sharing of personal data between schools may be necessary in order to facilitate the efficient admission of students. <p>CBS Secondary School Kilkenny will acknowledge receipt of all applications received, via email to the email address provided below. If you do not receive this receipt within a few days, it is your responsibility to contact the school office. The school does not take responsibility for Application Forms not received.</p> |

| Signature(s): <i>Both parents/guardians must sign when both parents/guardians are legal guardians</i> | | | |
|---|--|-------|--|
| Mother: | | Date: | |
| Father: | | Date: | |
| Email for Receipt: | | | |
| OPTIONAL: Please add any other information which is relevant to this application: | | | |
| | | | |

This Application Form must not extend beyond two pages. Please return a **hard copy** of the completed Application Form to: *School Office, CBS Secondary School Kilkenny, James's St, Kilkenny, R95 H985*

| Office Use Only | |
|--------------------------|--|
| Date Received: | |
| Date email receipt sent: | |
| Admin: | |