

mackdonald language academy

This application form must be completed in full and returned to mackdonald language academy. Completion of the application form does not guarantee enrolment.

Please ensure that all requested information in this form is provided. The application should be accompanied by a copy of ID card/passport, copy of recent report card and any other relevant documentation and/or reports.



A: Personal Details of Applicant

First name	
Surname	
Gender	
Adress	
Passport ID	
Email	
Telephone	
Date of birth	
Nationality	
Religion	
Medical conditions the school should be aware of	
Learning disabilities (e.g. dyslexia) - please provide official medical document (translated into English)	

MACKDONALD LANGUAGE ACADEMY LTD.

THE VILLAGE CAMPUS
WATERFORD ROAD
KILKENNY, CO.KILKENNY
IRELAND

COMPANY REGISTRATION
524001

TELEPHONES
(+353) 01 442 9255
(+353) 087 939 5106

SKYPE
mackdonald_kilkenny

MAIL
office@mackdonald.com

INTERNET
www.mackdonald.com



B: Family Details of Applicant

Mother First name		Father First name	
Surname		Surname	
Address		Address (if different)	
Telephone		Telephone	
Occupation		Occupation	
Email		Email	
Brother and sisters (incl. age)			

C: 'Irish Experience' Details

Name of school currently attending in home country	
School Address	
School Principal (name / telephone)	
Current Year / Grade	
Desired level of entry into Irish school	
Desired starting date of "Irish Experience"	
Desired duration of "Irish Experience"	

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Please state your extra wishes here (e.g number of children in household, host family location in the city / countryside, pets etc.)

Do you have any allergies and / or any medical problems (see separate form for details)

Do you have any special dietary requirements (e.g. vegetarian, celiac, lactose-free etc.)

Do you intend to stay with your host family during the school holidays?

What is your current level of English (e.g. B1, B2, C1)? Do you hold a certificate for an English course completed (e.g. FCE, IELTS, TOEFL etc.)?

What is your clothes size (e.g. S, M, L, XL)?

Other relevant information?

D: Declaration

We, as parents/guardians declare that all pertinent information relating to the applicant's education and welfare is provided.

We, as parents/guardians in completing this application form for enrolment, give due recognition and commitment on behalf of ourselves and our child to the School Ethos and Code of Behaviour in the event that our child is admitted to the school.

Date

Signed
Parent/Guardian

Signed
Parent/Guardian

Print name

Print name

Signed
Applicant

Medical Information (can be handed in at a later stage)

Name of student	
Student Emergency telephone	
Parents Emergency telephone	
Family doctor Name + telephone	
Infectious diseases (please tick)	<input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Other (please specify)
Medical History (please tick)	<input type="checkbox"/> Asthma <input type="checkbox"/> Hay Fever <input type="checkbox"/> Urinary Infections <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (please specify)
Have you suffered from Anorexia or Bulimia?	
Immunisations (please tick)	<input type="checkbox"/> Whooping Cough <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Diphteria <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Tuberculosis BCG <input type="checkbox"/> Tetanus <input type="checkbox"/> Meningitis <input type="checkbox"/> Other (please specify)
Allergies	
Present medication	
Known problems with: (please tick)	<input type="checkbox"/> Ears <input type="checkbox"/> Speech <input type="checkbox"/> Nose <input type="checkbox"/> Skin <input type="checkbox"/> Throat <input type="checkbox"/> Feet <input type="checkbox"/> Teeth <input type="checkbox"/> Other (please specify)
Is there any reason your child should not participate in games and/or PE class?	
Other relevant information	

Date _____

Signature of parents/guardian _____

Medical Emergencies

Date: _____

To whom it may concern,

In case of accident or emergency, we the parents of

_____ **(Student Name)**

Give permission to Isha McDonald of mackdonald language academy or any other representative of mackdonald language academy to sign consent forms for our above son / daughter in case he / she requires an anaesthetic or surgery.

Signature Student: _____

Signature Parents: _____

Privacy Policy

All information in this form is processed under the Data Protection Acts 1988, 2003 and 2018.

Personal data supplied on the registration form will be used for the purposes of student enrolment, registration, administration, child welfare and to outfit any other legal obligations.

While the information provided will generally be treated as confidential to the school, 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 & Skills, the Dept of Social & Family Affairs, An Garda Síochána, the Health Service Executive and the National Educational Welfare Board. Contact details will also be used to notify you of school events or activities.

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 access your child's personal data at any stage of the high school programme, please contact us.