mackdonald
language academy

KILKENNY, IRELAND

CONTACT

+353 56 773 8062
+353 87 346 2477

info@mackdonald.com
www.mackdonald.com

ADDRESS

5B John's Quay
Prior's Orchard
Kilkenny, R95 R728
Ireland

APPLICATION CHECKLIST

- ☐ Completed application form
- ☐ Copy of passport / ID card
- ☐ Recent school report
- ☐ Relevant supporting reports

APPLICANT DETAILS

FULL APPLICATION

HIGH SCHOOL PROGRAMME

Irish Experience

Full application form. Please complete all relevant sections. Submission does not guarantee enrolment.

A. APPLICANT DETAILS

First name

Surname

Gender

Passport / ID number

Date of birth

Nationality

Email address

Telephone / WhatsApp

Religion (optional)

Home address

Medical conditions the school should be aware of

Learning disabilities or additional support needs

SUPPORTING INFORMATION
Where applicable, please attach a relevant professional report translated into English. Detailed health information may also be supplied later in this form.

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Family & programme details

B. PARENT / GUARDIAN DETAILS

PARENT / GUARDIAN 1

First name

Surname

Address

Telephone

Occupation

Email

PARENT / GUARDIAN 2

First name

Surname

Address, if different

Telephone

Occupation

Email

Brothers and sisters, including ages

C. IRISH EXPERIENCE DETAILS

Current school in home country

School address

School principal - name and telephone

Current year / grade

Preferred Irish school year

Preferred starting date

Preferred duration

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Placement preferences

D. STUDENT PROFILE & PREFERENCES

Host family preferences or requests (children, pets, location, household, etc.)

Allergies or medical matters relevant to placement

Special dietary requirements (for example vegetarian, coeliac or lactose-free)

Will the student stay with the host family during short school holidays?

☐ Yes ☐ No ☐ To be discussed

Current English level and any certificates held (for example B1, B2, FCE, IELTS or TOEFL)

Clothes size (for example S, M, L or XL)

Other relevant information

E. DECLARATION

We, as parents/guardians, confirm that all relevant information concerning the applicant's education, health and welfare has been provided. If the applicant is enrolled, we acknowledge the ethos and code of behaviour of the Irish school and the programme rules of mackdonald language academy.

Date

Guardian 1 - print name

Guardian 2 - print name

Parent / guardian 1 - signature

Parent / guardian 2 - signature

Applicant signature

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Medical information

This section may be completed at a later stage, but it must be supplied before arrival.

F. CONTACTS & MEDICAL HISTORY

Student name

Student emergency telephone

Parent emergency telephone

Family doctor - name and telephone

INFECTIOUS DISEASES - PLEASE TICK IF APPLICABLE

- [ ] Measles
- [ ] German measles
- [ ] Mumps
- [ ] Chickenpox
- [ ] Whooping cough
- [ ] Scarlet fever

Other infectious disease

MEDICAL HISTORY - PLEASE TICK IF APPLICABLE

- [ ] Asthma
- [ ] Hay fever
- [ ] Urinary infections
- [ ] Epilepsy
- [ ] Diabetes
- [ ] Other

Other medical history - details

Has the student experienced anorexia or bulimia?

- [ ] Yes
- [ ] No

If yes, please give details

IMMUNISATIONS - PLEASE TICK

- [ ] Whooping cough
- [ ] Measles
- [ ] Rubella
- [ ] Diphtheria
- [ ] Poliomyelitis
- [ ] Tuberculosis BCG
- [ ] Tetanus
- [ ] Meningitis

Other immunisation

IMPORTANT
Please provide accurate information and tell us promptly if the student's health or medication changes.

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Health & emergency authorisation

G. ADDITIONAL HEALTH INFORMATION

Allergies

Present medication

KNOWN PROBLEMS - PLEASE TICK IF APPLICABLE

- ☐ Ears
- ☐ Nose
- ☐ Throat
- ☐ Teeth
- ☐ Speech
- ☐ Skin
- ☐ Feet
- ☐ Other

Other known problem - details

Is there any reason the student should not participate in games or PE?

Other relevant medical information

Date

Parent / guardian signature

H. MEDICAL EMERGENCY AUTHORISATION

In the event of an accident or medical emergency, I/we authorise Isha McDonald or another representative of mackdonald language academy to act in the student's best interests and, where necessary, to sign consent forms for anaesthesia, surgery or other urgent treatment when a parent/guardian cannot be reached in time.

Student name

Date

Student signature

Parent / guardian signature

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Privacy & parental consent

I. PRIVACY NOTICE

Personal data supplied in this form is processed by mackdonald language academy for application assessment, enrolment and administration, student welfare and safeguarding, school and accommodation placement, programme delivery, emergency support and compliance with legal obligations.

Information is treated confidentially and shared only where necessary with relevant parties such as the selected Irish school, host family or boarding school, medical professionals, emergency services, service providers and statutory bodies. Health and other special-category information is handled with additional care and only where required for these purposes.

Data is processed in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Please keep the academy informed of any changes. For access, correction or privacy questions, contact info@mackdonald.com.

☐ I confirm that I have read and understood this privacy notice.

J. PARENTAL CONSENT & ACKNOWLEDGEMENTS

☐ I give consent for my child to participate in the High School Programme - Irish Experience - organised by mackdonald language academy.

☐ I give permission for my child to take part in school outings and activities organised by mackdonald language academy and the Irish school in which my child is enrolled.

☐ I acknowledge that the academy will maintain and securely process information about my child as described in the privacy notice above.

☐ I acknowledge that relevant information may be shared with appropriate parties where necessary for placement, programme delivery, welfare, safeguarding or legal obligations.

☐ I acknowledge that mackdonald language academy will act in my child's best interests and follow its safeguarding and child-protection reporting procedures.

Date

Parent / guardian - print name

Parent / guardian signature

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