

# APPLICATION FORM

## FOR STUDENTS TRANSFERRING FROM ANOTHER SCHOOL

Official Use:

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

Signed: \_\_\_\_\_

**To be filled out by Parent / Guardian**

**Year for Which Application is being made**

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### Student Details:

Surname: \_\_\_\_\_

Christian Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Christian Name: \_\_\_\_\_

PPSN: \_\_\_\_\_

Mothers Maiden name: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

Home Phone Number : \_\_\_\_\_

### Family Details:

Parents/Guardians

Name: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

### School Details:

Name & address of Schools where you were/are enrolled:

\_\_\_\_\_  
\_\_\_\_\_

Name of Principal \_\_\_\_\_

Telephone Number of School: \_\_\_\_\_

*Please ensure that the Student Transfer Form (Reference) is completed by your current/ most recent School.*

- *As per admissions policy please make sure that you include a completed*
- *Student Transfer Form*
- *Copies of the 2 most recent School Reports*
- *List of Subject being studied / sought*
- *A written reference/report from the previous school*
- *Two additional written references, dated within one month of the date of application, from a local Youth Club/Sports Club or similar organisation and/ or a member of the Garda Siochana or a person of standing in the community*
- *A statement on special needs if relevant with your Application Form.*

**A letter must also be included which clearly states the reasons for wishing to transfer.**

## **Student Transfer**

***List of Subjects currently being studied (please include level)***

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.

**Subjects being sought if different to those previously studied (please indicate a level where applicable)**

No guarantees can be made regarding the availability of places in subjects or specific subject levels.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.

Parent/Guardian's Signature \_\_\_\_\_

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

Thank you for taking the time to fill out this application form

## STUDENT TRANSFER FORM REFERENCE

**To be completed by the Principal of the current/ most recent school.**

### STUDENT PROFILE

Dear Principal,

I would be very grateful if you could complete this form and return it at your earliest convenience to:  
The Principal, St Mary's Diocesan School, Beamore Road

Drogheda Co Louth.

Name of Pupil: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_

PPSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Enrolment at your school:

\_\_\_\_\_

Is this student currently a registered pupil of your school?

\_\_\_\_\_

If not, when was this student removed from the school register:

\_\_\_\_\_

Reason for removing student from register

\_\_\_\_\_

**Family Details**

Parents/ Guardians

Name : \_\_\_\_\_ Mobile Telephone No.: \_\_\_\_\_

Name : \_\_\_\_\_ Mobile Telephone No.: \_\_\_\_\_

Address if different to above details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the following grids in the sections below by ticking the appropriate boxes and offer comments in the grid or in the additional spaces as required.

**ATTENDANCE**

Please complete the following:

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>COMMENT</b>
Attendance					
Punctuality					
Attitude to School					

**ACADEMIC PERFORMANCE**

Please assess this student under the following headings:

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>COMMENT</b>
Punctuality To class					
Participation In class					
Preparedness For class – Books, Material etc					
Homework Record					
Performance Relative to ability					

## Student Transfer

*List of Subjects currently being studied (please include level)*

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.

**SOCIAL SKILLS**

Please assess this student under the following headings:

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>COMMENT</b>
Ability to Communicate					
Relations with peers					
Relations with staff					
Relations with Management					
Courtesy					

Was the student ever involved in bullying or threatening behaviour? If so please give a brief account of the circumstances and of any disciplinary action taken:

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## **BEHAVIOUR**

Please assess the student under the following headings:

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>COMMENT</b>
General Behaviour in class					
Behaviour outside of Class					
Ability to Take Correction					
Reliability					

Has this student ever been?

	<b>Very Frequently</b>	<b>Frequently</b>	<b>Seldom</b>	<b>Never</b>	<b>Comment</b>
Placed on Detention					
Suspended from class					
Suspended From school					
Other					

If the answer to any of the above-Esp. Other requires explanation please expand here:

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Were parents/guardians ever requested to attend the school in relation to a disciplinary issue?

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If yes please give further details:

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Were the Parents/Guardians willing to co-operate with the school in resolving difficulties?

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**RECREATION AND PARTICIPATION**

How does the student expend his time during recreational periods?

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What extra-curricular activities has the student been engaged in?

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Has the student been involved in any other way in the life of the school?

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**EDUCATIONAL NEEDS**

Are you aware if the student has been diagnosed as having any of the following?

	<b>YES</b>	<b>NO</b>
Physical disability		
Visual impairment		
Hearing impairment		
General learning disability		
Specific learning disability		
Speech or language disorder		
Emotional or behavioural disorder		
Autistic disorder		
Other disability		

If the answer was yes to any of the questions please give details as to the extent of the disability/disorder

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Has the student been assessed by a psychologist/specialist? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes give details of the most recent assessment

Name of Specialist \_\_\_\_\_

Qualification of Specialist \_\_\_\_\_

Place of Assessment \_\_\_\_\_

Contact details \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Is the student in receipt of resource assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the student in receipt of learning support? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have a Special Needs Assistant? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer was yes to any of the above please give further details as to the extent of the help and the progress being made by the student.

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If the student has a specialist report please enclose a copy (subject to parental consent)

**BEHAVIOUR OUTSIDE OF SCHOOL**

Has the student ever been involved in an incident on a school trip/tour or outside of school that warranted an investigation by the school?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please give further details:

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***Thank you for taking time to complete this form***

School Stamp:

Official Use St Mary's DS:

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

Signed: \_\_\_\_\_