

# GAIRMSCOIL MHUIRE

Athenry, Co. Galway



## Application to Transfer

Please PRINT

Year \_\_\_\_\_ Course \_\_\_\_\_

### **SECTION 1: DETAILS OF STUDENT**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ P.P.S. No: \_\_\_\_\_

\_\_\_\_\_ Nationality: \_\_\_\_\_

\_\_\_\_\_ Male/Female: \_\_\_\_\_

\_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

### **SECTION 2: DETAILS OF PARENTS/GUARDIANS**

Name of Father/Guardian: \_\_\_\_\_ Name of Mother/Guardian: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

e-mail : \_\_\_\_\_ e-mail: \_\_\_\_\_

Position in Family e.g. eldest/youngest etc. \_\_\_\_\_

Names of Family members in this school at present:

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

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

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

### **SECTION 3: MEDICAL HISTORY**

Any conditions - emotional/physical/learning that are of relevance to the school:

(Include doctors' reports if applicable) \_\_\_\_\_

Is your son/daughter physically fit to play sport? Y/N \_\_\_\_\_

If not, please state reason: \_\_\_\_\_

Has your son/daughter any physical problems which may need regular medical attention e.g.

asthma, epilepsy etc. \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

Do you or your child hold a medical card Y/N \_\_\_\_\_

**SECTION 4: EDUCATIONAL HISTORY**

Present school: \_\_\_\_\_ Principal: \_\_\_\_\_

Other Schools attended \_\_\_\_\_ Dates \_\_\_\_\_

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

Has the student a psychological assessment? Yes  No   
Is the Psychological Report available? Yes  No   
Has the student been granted Resource Teaching Hours and/or Special Needs Assistance hours by the NCSE? Yes  No

If you answered yes please give details \_\_\_\_\_  
\_\_\_\_\_

Category of Special Need \_\_\_\_\_

Has the student been in receipt of learning support? Yes  No   
If the answer is yes please give details \_\_\_\_\_

Has the student received EAL (*English as an Additional Language*) support?  
Yes  No  If Yes how many years? \_\_\_\_\_

If student is a non-national please state how many years he/she has been resident in Ireland \_\_\_\_\_

Exemption from Irish Y/N \_\_\_\_\_ if yes, please submit **copy of Exemption Certificate**.

**SECTION 5: TRANSFER INFORMATION**

Has the applicant applied to transfer to any other school? Yes  No

Please outline the reason(s) for application to transfer to this school \_\_\_\_\_  
\_\_\_\_\_

Is the applicant under investigation or part of an investigation by his/her current school?  
Yes  No

If the answer is yes please give details \_\_\_\_\_  
\_\_\_\_\_

Subjects applicant is <u>currently</u> studying		Subjects applicant <u>wishes</u> to study if accepted	
Please note while every effort will be made to facilitate subject choices, it may not always be possible.			

**SECTION 6: ADDITIONAL INFORMATION**

Sports played and level: \_\_\_\_\_  
 Other interests and achievements: \_\_\_\_\_  
 Other information, which would be of interest/relevance to the school. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 7: Consent for Return of Sensitive Data to the Department of Education and Skills and to share with your son/daughters teachers.**

Certain sensitive data which the Department asks post-primary schools to furnish via the “*Annual Post-Primary School October Return/Examination Entries*” process requires your written consent for the school to record this information and for the school to forward this information to the Department for the purposes as outlined in circular 47/2010 a copy of which is available at [www.education.ie](http://www.education.ie) .

**SECTION 8: INSTRUCTIONS AND INFORMATION FOR PARENTS**

The application form should be fully completed and returned to the school with all relevant medical and educational reports. Prospective parents should acquaint themselves with the school’s **Code of Behaviour** and **Admissions Policy** available at [www.av.scoilnet.ie](http://www.av.scoilnet.ie)

**SECTION 9: CONTRACT**

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

By applying to become a student of Gairmscoil Mhuire I promise to abide by the Rules and Regulations of the school, in the interests of maintaining a positive learning environment.

I have read and I accept the School Code of Behaviour

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent (Contract and Consent)**

In registering my above named child for a place in Gairmscoil Mhuire I understand that this implies a full acceptance of the rules of the school as laid down from time to time by the Board of Management.

I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my son/daughter will be facilitated in his/her subject choices, this may not always be possible.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

By signing below, I am giving explicit consent for Gairmscoil Mhuire to confirm, retain, use and disclose the information I have provided in accordance with the Co Galway VEC Data Protection Policy (as summarised above in section 7.

Parent/Guardian Signature(s): \_\_\_\_\_

\_\_\_\_\_

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

**All applications must be accompanied by:**

- (a) **copies of 2 most recent school reports**
- (b) **copies of any assessments(educational/psychological)**
- (c) **a completed Student Enquiry form**

**Please note that any incomplete applications will not be processed.**