



**Student Application to Transfer Form**

**APPLICATION TO TRANSFER**

YEAR \_\_\_\_\_

COURSE \_\_\_\_\_

Note: The information provided on this form is confidential and will be retained, used and disclosed by *St. Brendan's College* in line with the Data Protection Policy which is included at Appendix C.

<b>Part 1 Family Details</b> <i>(Required for school enrolment and parental contact purposes)</i>																			
<b>1. Child's First Name/s</b>	<b>2. Child's Last Name</b>																		
<b>3. Male/Female</b>	<b>4. Date of Birth</b> (attach copy of birth cert) <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">-</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">-</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table>	D	D	-	M	M	-	Y	Y	Y	Y								
D	D	-	M	M	-	Y	Y	Y	Y										
<b>5. No. of children in family</b>	<b>6. Position of child in family</b>																		
<b>7. Country of Birth</b>																			
<b>8. Home Address</b>																			
<b>9. Eircode</b>	<b>10. Childs PPS No.</b>																		
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<b>Medical Card No (if applicable)</b>																			
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<b>1. Parent/Guardian Details</b>	<b>2. Parent/Guardian Details</b>
<b>First Name</b>	<b>First Name</b>
<b>Last Name</b>	<b>Last Name</b>
<b>Maiden Name (if applicable)</b>	<b>Maiden Name (if applicable)</b>
<b>Relationship to Child</b>	<b>Relationship to Child</b>
<b>Address</b>	<b>Address</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Employer:</b>	<b>Employer:</b>

Phone No. (Home)	Phone No. (Home)
Phone No. (Work)	Phone No. (Work)
Phone No. (Mobile)	Phone No. (Mobile)
Email Address	Email Address

**Other Emergency Name and Contact Number**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**If there are any orders or other arrangements in place governing access to, or custody of, the child, please provide details.**

\_\_\_\_\_

\_\_\_\_\_

Please indicate name and address of person (s) to whom correspondence is to be sent regarding educational progress of the student, if different from above.

\_\_\_\_\_

\_\_\_\_\_

Does the student have any brothers or sisters in this school? Yes  No

If yes, please indicate names and the year they are currently in

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

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

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

**Part 2 Educational Details**

(Note: We may contact the school in connection with your child's enrolment)

Present School \_\_\_\_\_

Principal's Name \_\_\_\_\_

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, for how many years?

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

To assist the school in completing its October Returns, please complete the "Consent Form for Sensitive Personal Data for the School's October Returns to the Department of Education and Skills" set out at Appendix A. Completed? Yes

State Examination Results		Exam: _____		Year: _____	
Subject	Level	Grade	Subject	Level	Grade

**Part 3 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



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## Part 5 (Privacy & Personal Data)

### **Personal Data on this Form:**

**St. Brendan's College** is a data controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application form is required for the purposes of:

- student enrolment
- student registration
- allocation of teachers and resources to the school
- determining a student's eligibility for additional learning supports
- examinations
- school administration
- child welfare (including medical welfare)
- and to fulfil our other legal obligations including the election of parent/guardian representatives to the ETB under the Education and Training Boards Act 2013.

### **DATA PROTECTION POLICY**

A copy of the Data Protection Policy in place in St. Brendan's College is on the website – [www.stbrendanscollege.ie](http://www.stbrendanscollege.ie) and you and your child should read it carefully. When you apply for enrolment, you will be asked to sign that you consent to your data/your child's data being collected, processed and used in accordance with this Data Protection Policy during the course of their time as a student in the school. Where the student is over 18 years old, they will be asked to sign their consent to this.

### **PHOTOGRAPHS AND DIGITAL IMAGES OF STUDENTS**

The school maintains a database of photographs and digital images (including video) of school events held over years. It has become customary to take photographs of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs/digital images may be published on our school website or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs digital images, student names will not appear on the website as a caption to the picture. If you or your child wish to have his/her photograph/digital image removed from the school website, brochure, yearbooks, newsletters, etc. at any time, you should write to the school principal.

### **CONSENT (tick only only)**

1. If you are happy to have your child's photograph/digital image taken as part of school activities and included in all such records please tick here
2. If you would prefer not to have your child's photograph/digital image taken and included in such records please tick here
3. If you are happy for your child's photograph/digital image to be taken and included, as 1. Above, but would prefer not to have images of your child appear on the school website, in school brochures, yearbooks, newsletters, etc. please tick here

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

Parent/Guardian/Student (where over 18)

**Part 6 (Contract)**

**STUDENT**

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

As a student in **St. Brendan's College**, 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/GUARDIAN (Contract and Consent)**

In registering my above named child as a student in **St. Brendan's College**, 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 full, explicit and informed consent for **St. Brendan's College**, to confirm, retain, use and disclose the information I have provided in accordance with **St. Brendan's College Data Protection Policy** which has been given to me with this enrolment pack.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All applications must be accompanied by:

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

Please note that any incomplete applications will not be processed.

**OFFICE USE ONLY**

**Date of Interview:** \_\_\_\_\_

**Members of Interview Board:** \_\_\_\_\_

\_\_\_\_\_

**Decision of Board/Committee** \_\_\_\_\_

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

**Consent Form for Sensitive Personal Data for the School's October Returns  
to the Department of Education and Skills**

Certain sensitive personal data which the Department asks post-primary schools to furnish via the "Annual Post-Primary School October Returns/Examination Entries" process requires your written consent for your child's school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 0047/2010, a copy which is available at [www.education.ie](http://www.education.ie) or on request from your child's school. **This information is useful to aid in the development of policy to promote social inclusion and for the provision of additional teaching hours for children who are members of the Traveller community. You are not obliged to provide this information.**

Please note that the reference to "you" in this consent form means a parent or a guardian of a student or a student aged 18 years and over who is attending a recognised post-primary school.

Please enter the following details in BLOCK CAPITALS

Name of School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Class year of Student: \_\_\_\_\_

(Please CIRCLE the appropriate answer)

- |  |     |    |
|--|-----|----|
| 1. Where your child is enrolling for <u>1st Year</u> do you<br>or your child possess a medical card? | Yes | No |
| 2. Is your child a member of the Traveller Community?  | Yes | No |

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

Parent/Guardian/Student

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

**Please complete this form, if you so choose, and return to your post-primary school.** This form will be retained by the post-primary school and will be made available for inspection by authorised officers of the Department or of the Office of the Data Protection Commissioner.