



Phone: 056-7721402 | email: office@cbskilkenny.ie | Web: cbskilkenny.ie

TRANSFER STUDENT ENROLMENT APPLICATION FORM

(To be completed in full by Parents/Guardians, BLOCK CAPITALS PLEASE)

School Year for which application is being made		Place in _____ Year, commencing August 20____		
Student Surname (as appears on Birth Cert)				
Student Christian Names (as appear on Birth Cert)				
Address				
	Eircode (must be entered)			
Date of Birth (dd/mm/yy)		PPS Number		Religion

Name of Mother		Mobile number of Mother	
Email address of Mother		Work Number of Mother	
Name of Father		Mobile number of Father	
Email address of Father		Work number of Father	
Name and mobile number of Legal Guardian (if not parent(s))			
Which mobile number should be used by school for SMS communication? Please select one			

Name by which student is commonly known	
Mother's maiden name	

Present and previous Schools	Attendance dates (starting with most recent)
Present School	
Previous Schools	

Did Applicant attend school outside of Ireland? (Please provide details)	
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Does Applicant have older brothers?	
Does Applicant have older brothers currently attending CBS Kilkenny? (Please provide name(s) and year group)	
OPTIONAL: Any further information which is relevant to this application?	

Subjects and levels being studied in present school	Subjects which Applicant wishes to study

Please provide detail of formal exemptions and Special Education Needs:	
Please state the reasons for seeking transfer to CBS Secondary School, Kilkenny:	



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CBS Kilkenny **Admission Policy**, **Admission notice** and **Privacy Notice** are available for inspection on the school website, www.cbskilkenny.ie. All Applicants are invited to consult these before completing this enrolment form.

Parents/Guardians are hereby advised that by signing this form, they are indicating their consent to this information being held by the school and to it being shared with the Department of Education and Skills and any other body who has a legal basis for requesting this information.

This Application Form should be completed in full. An application can only be considered when a fully completed Application Form together with all supporting documentation such as academic, attendance and behaviour reports from present or previous school(s) have been received.

It is the responsibility of the Applicant to secure all supporting documentation, including all reports of whatever nature required from the present or previous school(s) attended by the Applicant, or any other relevant reports or documents arising elsewhere.

I hereby apply for enrolment of the above Applicant in CBS Kilkenny, and I have supplied the required information accurately and completely.

I wish to apply for a place for (name) in.....Year (e.g. 2nd, 3rd Year)

Both parents/guardians must sign when both parents/guardians are legal guardians.

Signed: _____ (Parent/Guardian)

Date: _____

Signed: _____ (Parent/Guardian)

Date: _____

Providing a quality learning and living experience is a priority at C.B.S., James's Street, Kilkenny.

Meánscoil na mBráithre Críostaí, Cill Chainnigh.

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