



Transfer Student Enrolment Application Form

| | | | |
|---|-------------------------------------|-------------|--|
| Year for which application is being made: | Year group _____ in August of _____ | | |
| Student Surname: (as appears on Birth Cert) | | | |
| Student Christian Names: (as appear on Birth Cert) | | | |
| Address: | | | |
| Tel: | | PPS Number: | |
| Date of Birth: | | Religion: | |

| | |
|--|--|
| Doctor's name and contact number: | |
| Details of any existing medical issue: | |
| Are parents the holders of full Medical Card? (as requested by DES) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Number of children in family: | |
| Student's position in family: | |

| | | | |
|---|--|-------------------------|--|
| Mother's name: | | Mother's mobile number: | |
| Mother's occupation: | | Mother's work number: | |
| Mother's email address: | | | |
| Father's name: | | Father's mobile number: | |
| Father's occupation: | | Father's work number: | |
| Father's email address: | | | |
| Which mobile number should be used by school for SMS communication? (Please select one) | | | |

| | |
|--|--|
| Legal Guardian (if not both parents) | |
| Name by which student is commonly known: | |
| Mother's maiden name: | |

| Present and previous Schools: | Attendance dates (starting with most recent): |
|-------------------------------|---|
| | |
| | |
| | |
| | |

| | |
|--|--|
| Country of Birth: | |
| Did student attend school outside of Ireland? (Please provide details) | |
| Did father of student attend CBC Kilkenny? (Please provide accurate dates) | |

| | |
|---|--|
| Has applicant any older brothers? | |
| Has applicant any older brothers currently attending CBC Kilkenny? (Please provide name(s)) | |
| Has applicant any older brothers who have <u>previously</u> attended CBC Kilkenny? (Please provide name(s)) | |

| | |
|--|--|
| Has applicant any special educational needs? (Please provide details) | |
| Has applicant applied for, or been in receipt of, Learning Support hours? (Please provide details) | |

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

| | |
|--|--|
| <p>Please state the reasons for seeking transfer to CBC Kilkenny:</p> | |
|--|--|

The school's Admission Policy is available for inspection on the school website, www.cbsskillkenny.ie. All Applicants are invited to consult same before completing this enrolment form.

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 for the above student in CBC Kilkenny, and I have supplied the required information accurately and completely.

I wish to apply for a place for my son in _____ year (e.g. 2nd, 3rd year)

Signed: _____ (Parent/Guardian)

Date: _____

Signed: _____ (Parent/Guardian)

Date: _____