

(1) Please give the number of absences for the two most recent school years.

This Year	<input type="text"/>
Last Year	<input type="text"/>

Has this student ever been referred to the Education Welfare Officer?

YES NO If YES, please give details:

.....

(2) Has the student ever been suspended from school? YES NO

If YES, how many times?

If YES, please give details, including dates, length of suspension(s) and reason(s):

.....

.....

.....

(3) Has the student been expelled or excluded from your school? YES NO

If YES, please give details, including dates and reasons:

.....

.....

If the answer to either (2) or (3) is YES, has any such decision been appealed? YES NO

If YES, please give details:

.....

(4) Has this student, to your knowledge, a history of substance misuse? YES NO

If YES, please give details:

.....

(5) Why, in your opinion, does the student wish to transfer to St Kilian's Community School?

.....

.....

(6) Please include any further relevant information.

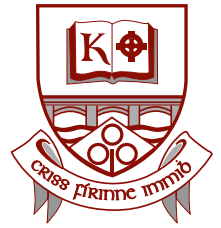
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Signed: Date:
Principal

Name of School: SCHOOL ROLL NO.

St. Kilian's Community School Application to Transfer



Section A To be completed by Parent/Guardian

COURSE: Leaving Cert | LCA | TY | Junior Cert

YEAR: 1st | 2nd | 3rd | 4th | 5th | 6th

Student's Full Name

Date of Birth/...../..... Male Female (Please tick one box)

Present School

Siblings at St Kilian's CS

Parent/Guardian making application

Relationship to the Student

Address

..... Postal Code

Contact Number(s) (1) (2)

Email address

Are you happy to be contacted in relation to this application by email? YES NO

Are all legal guardians aware of this application? YES NO

Signed (Parent/Guardian) Date/...../.....

This application is not a guarantee of a place for the named student at St Kilian's CS.

FOR OFFICE USE ONLY	
Date Received/...../.....	Signed
NOTES:	Two Reports <input type="checkbox"/>
	Junior Cert <input type="checkbox"/>

Details of Current School

Name of Current School

Address

.....

.....

Name of Principal

Phone No.

Subjects Currently Studied

Subject	Level (H/O/F)	Subject	Level (H/O/F)

Reason(s) for Transfer Application:

Copies of the two most recent school reports attached?

Copy of Junior Certificate or equivalent attached (if applicable)?

I give permission for St Kilian's Community School to make all relevant queries in relation to this application. I understand that the provision of incomplete, misleading or false information by the applicant, parent or guardian may be considered sufficient grounds to refuse an application, or to withdraw any offer of enrolment that has already been made.

Parent / Guardian Signature Date

Section B

To be completed by the Principal from the applicant's current or most recent school and returned to St. Kilian's Community School.

Please complete the following in relation to how this student has presented at your school:

General Academic Ability:

.....

Academic Strengths / Difficulties:

.....

Awards/Achievements:

.....

Extra-curricular Activities:

.....

Other Talents or Abilities:

.....

Is the student eligible for Resource Hours granted by the NCSE? YES NO

If YES, under what category?

Is the student eligible for SNA support? YES NO

Irish Exemption YES NO Exemption Date ___/___/___

Please comment on each of the following in relation to the above student's school record:

PUNCTUALITY: Excellent Good Fair Poor

ATTENDANCE: Excellent Good Fair Poor

UNIFORM: Excellent Good Fair Poor

BEHAVIOUR: Excellent Good Fair Poor

APPLICATION TO CLASSWORK: Excellent Good Fair Poor

APPLICATION TO HOMEWORK: Excellent Good Fair Poor

RELATIONSHIPS WITH TEACHERS: Excellent Good Fair Poor

RELATIONSHIPS WITH PEERS: Excellent Good Fair Poor