



Coláiste Phobal Ros Cré 0505-23939

**APPLICATION TO TRANSFER 2017-2018**

YEAR \_\_\_\_\_

COURSE \_\_\_\_\_

Note: The information provided on this form is confidential and will be retained, used and disclosed by Coláiste Phobal Ros Cré and centrally by Tipperary ETB in line with the Data Protection Notice in Part 5.

**Part 1 Family Details** *(Required for school enrolment and parental contact purposes)*

|   |   |   |   |   |    |    |   |   |    |   |   |   |   |
|---|---|---|---|---|----|----|---|---|----|---|---|---|---|
| <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> <i>(attach copy of birth cert)</i>  |   |   |    |    |   |   |    |   |   |   |   |
|   |   | <table border="1"> <tr> <td>D</td><td>D</td><td>--</td><td>M</td><td>M</td><td>--</td><td>Y</td><td>Y</td><td>Y</td><td>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. Religion</b>  |   | <b>8. Country of Birth</b>  |   |   |    |    |   |   |    |   |   |   |   |
| <b>9. Home Address</b>  |   | <b>10. Childs PPS No.</b>   |   |   |    |    |   |   |    |   |   |   |   |
| <b>EIRCODE</b>  |   | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>                               |   |   |    |    |   |   |    |   |   |   |   |
|   |   |   |   |   |    |    |   |   |    |   |   |   |   |
| <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |   |   |   |   |    |    |   |   |    |   |   |   |   |
|   |   |   |   |   |    |    |   |   |    |   |   |   |   |

|  |  |  |  |
|--|--|--|--|
| <b>1. <u>Mother/Guardian Details</u></b> |  | <b>2. <u>Father/Guardian Details</u></b> |  |
| <b>First Name</b>                        |  | <b>First Name</b>                        |  |
| <b>Last Name</b>                         |  | <b>Last Name</b>                         |  |
| <b>Maiden Name</b>                       |  |  |  |
| <b>Relationship to Child</b>             |  | <b>Relationship to Child</b>             |  |
| <b>Address</b>                           |  | <b>Address</b>                           |  |
| <b>Phone No. (Home)</b>                  |  | <b>Phone No. (Home)</b>                  |  |
| <b>Phone No. (Work)</b>                  |  | <b>Phone No. (Work)</b>                  |  |
| <b>Phone No. (Mobile)</b>                |  | <b>Phone No. (Mobile)</b>                |  |
| <b>Email Address</b>                     |  | <b>Email Address</b>                     |  |

**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** \_\_\_\_\_

| <b>Other school attended</b> | <b>Dates</b> |
|------------------------------|--------------|
| _____                        | _____        |

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 \_\_\_\_\_

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

---

---

---

| 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.**

**Part 4 Medical Details**

*(Required to ensure the school has an accurate record of medical conditions as well as your doctor's contact details in the event of a medical issue arising during school/ETB activities. Please note it may be necessary to disclose this information to staff)*

1) Doctor's Name \_\_\_\_\_

2) Name of practice (if relevant) \_\_\_\_\_

3) Phone Number (Clinic) \_\_\_\_\_

4) Health concerns for child.  
\_\_\_\_\_  
\_\_\_\_\_

5) Procedures to follow (for a particular illness).  
\_\_\_\_\_  
\_\_\_\_\_

6) Does the child require glasses?    Yes                          No   

7) Does the student have any hearing difficulties? Yes                          No   

8) Any other medical concerns/information of relevance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Part 5 (Data Protection)**

**Personal Data on this Form** Tipperary Education & Training Board is registered as 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 and transportation
- examinations
- school administration,
- child welfare (including medical welfare)
- and to fulfil our other legal obligations

### **ETB Contacting You**

Please confirm if you are happy for us to contact you by SMS/text message/Smart Phone App, and to call you on the telephone numbers provided and to send you emails for all the purposes of:

- sports days,
- parent teacher meetings,
- school concerts/events,
- to notify you of school closure (e.g. where there are adverse weather conditions),
- to notify you of your child's non-attendance or late attendance or any other issues relating to your child's conduct in school,
- To communicate with you in relation to your child's social, emotional and educational progress, and to contact you in the case of an emergency

Tick box if "yes" you agree with these users

Use your email address to alert you to these issues?

Use your mobile phone number to send you SMS texts to alert you to these issues?

Use your mobile phone/landline number to call you to alert you to these issues?

Please Note: Tipperary Education & Training Board reserves the right to contact you in the case of an emergency relating to your child, regardless of whether you have given your consent.

While the information provided will generally be treated as private to Tipperary Education & Training Board, and will be collected and used in compliance with the Data Protection Acts 1988 and 2003, from time to time it may be necessary for us to transfer your personal data on a private basis to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, TUSLA, social workers or medical practitioners, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) with another school. We rely on parents/guardians and students to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your/your child's personal data you should write to the school Principal.

### **Data Protection Policy of Tipperary ETB**

A copy of the full Data Protection Policy of Tipperary ETB is available on request. 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.

### **Photographs/Digital Recordings of Students**

The school maintains a database of photographs of school events held over years. It has become customary to take photos/digital recordings 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 recordings may be published on our school website/Twitter @cproscro or in brochures, DVD's, newsletters, local and national newspapers and similar school-related productions.

### **CONSENT (TICK ONE ONLY)**

1. *If you are happy to have your child's photograph/recording taken as part of ETB/School activities and included in all such records tick here (for the duration of their time in School)*
  
2. *If you would prefer not to have your child's photograph/recording taken and included in such records, please tick here*
  
3. *If you are happy for your child's photograph/recording to be taken and included as 1. above, but would prefer not to have images of your child appear on the website, Twitter page, school brochures, DVD's, yearbooks, newsletters etc. please tick here*

**Signed**

\_\_\_\_\_

**(Parent/Guardian)**

\_\_\_\_\_

**(Parent/Guardian)**

**Date**

\_\_\_\_\_

## Part 6 (Contract)

### Student

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

As a student in Coláiste Phobal Ros Cré 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

I am aware that School Policies are available to me on school website and I accept their validity and use when dealing with issues that arise.

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

### Parent (Contract and Consent)

In registering my above named child as a student in Coláiste Phobal Ros Cré:

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.

I give Coláiste Phobal Ros Cré permission to administer screening tests in line with their Special Education Needs Policy. If my child is allocated additional teaching hours or special needs assistant hours, I understand they will be allocated to my child in line with the Special Education Needs Policy. I give permission for reports – psychological, medical, etc. to be made available to relevant school staff as necessary.

I am aware that School Policies are available to me on school website and I accept their validity and use when dealing with issues that arise.

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 Coláiste Phobal Ros Cré to confirm, retain, use and disclose the information I have provided in accordance with Tipperary ETB Data Protection Policy (as summarised above). .

Signed

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Parent/Guardian)

Date

\_\_\_\_\_

All applications must be accompanied by:

- (a) copies of 2 most recent school reports
- (b) State Birth Certificate (this will be copied and returned)
- (c) copies of any assessments(educational/psychological)
- (d) a completed Student Enquiry form

Please note that any incomplete applications will not be processed.



**Office use only:**

**Date of Interview**

\_\_\_\_\_

**Members of Interview Board**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Decision of Committee**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Consent Form for Sensitive Personal Data for the School's October Return 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 Return/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.

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:** \_\_\_\_\_ Coláiste Phobal Ros Cré \_\_\_\_\_

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

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

1. **Where your child is enrolling for 1<sup>st</sup> Year do you or your child possess a medical card?** (please CIRCLE the appropriate answer)

YES                      NO

2. **Mother Tongue English or Irish** (please CIRCLE the appropriate answer) YES NO

3. **Ethnicity and Cultural Background** (please CIRCLE one only)

- White Irish
- Irish Traveller
- Roma
- Any other White background
- Black or Black Irish – African
- Black or Black Irish – Any other black background
- Asian or Asian Irish - Chinese
- Asian or Asian Irish – Any other Asian background
- Other (incl. mixed background)
- No Consent

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

**Parent/Guardian/Student**

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

Please complete this form 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 from the Office of the Data Protection Commissioner.