



PORTLAOISE COLLEGE TRANSFER APPLICATION FORM

PLEASE INDICATE WHICH CLASS & ACADEMIC YEAR YOU ARE APPLYING FOR:

2ND ☐

TY ☐

5TH ☐

LCA1 ☐

ACADEMIC YEAR

20__ / 20__

PART 1: FAMILY DETAILS (For School enrolment and parental contact purposes)

Student First Name/s:	Student Surname:																		
Home Address (incl. EIRCODE)																			
<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 400px;">Country of Birth:</div>																			
Date of Birth: (attach copy of Birth Cert) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Student's PPS Number <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
D	D	M	M	Y	Y	Y	Y												
Male <input type="checkbox"/> Female <input type="checkbox"/>																			

PARENT/GUARDIAN DETAILS:

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

First Name:		
Surname:		
Mother's Maiden Name: <i>(if applicable)</i>		
Relationship to Student:		
Address: <i>(IF DIFFERENT TO STUDENT)</i>		
Email Address:		
Contact Number:		
Other Emergency Contact Name:		
Emergency Contact No:		
Relationship to Child:		

NB: The information provided on this form is confidential and will be retained, used and disclosed by Portlaoise College and centrally by Laois/Offaly Education & Training Board, in line with the Data Protection Notice Part 5.



Does the student have any brothers/sisters in this school?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide Name and school year they are currently in		
Name: _____	Year: _____	
Name: _____	Year: _____	
Name: _____	Year: _____	

PART 2: EDUCATIONAL DETAILS: *(We may contact the school in connection with your child's enrolment)*

Current School:				
Principal's Name:				
Other Schools Attended:	Name: _____	Dates: _____		
	Name: _____	Dates: _____		
	Name: _____	Dates: _____		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Does the student have a Psychological Assessment? Yes <input type="checkbox"/> No <input type="checkbox"/> </td> <td style="width: 50%;"> Is the Psychological Report available? Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> </table>			Does the student have a Psychological Assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Psychological Report available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the student have a Psychological Assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Psychological Report available? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have Resource Teaching Hours and/or Special Needs Assistance hours been granted to the student by NCSE? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, please give details: _____ _____ _____ _____				
Category of Special Need: _____ _____ _____				
Has the student been in receipt of learning support? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, please give details: _____ _____ _____ _____ _____				



PLEASE NOTE:

Irish is a compulsory subject for all students. Exemptions are only granted in exceptional cases

Is the student currently studying Irish?

Yes ☐ No ☐

If you answered No, please provide proof of the necessary exemption as required

It is the responsibility of the Parent/Guardian to include copies of all the relevant reports with the completed Application Form. An offer of a place is subject to all relevant documentation being submitted to the School with this Application Form.

STATE EXAMINATION RESULTS: EXAM: _____ YEAR: _____
(Please submit copies of most recent State Examination Results)

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 part of an investigation by his/her current school?

Yes ☐ No ☐

If the answer is Yes, please give details:



SUBJECTS APPLICANT CURRENTLY STUDYING	SUBJECTS APPLICANT WISHES TO STUDY
<i>Please note, while every effort will be made to facilitate subject choices, it may not always be possible</i>	

PART 4: MEDICAL DETAILS

(Required to ensure the School has an accurate record of any medical conditions in the event of a medical issue arising during School activities. Please note it may be necessary to disclose this information to staff)

<p>Name of Doctor: _____</p> <p>Name of Practice: _____</p> <p>Contact Number: _____</p> <p>Relevant Medical Information:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Procedures to follow (for a particular condition):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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PART 5: PRIVACY & PERSONAL DATA

Laois/Offaly ETB are 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; registration; administration; child welfare and to fulfil our other legal obligations, including the election of Parent/Guardian representatives to the ETB under the Vocational Education (Amendment) Act 2001. Contact details will also be used to notify you of School/ETB events or activities. While the information provided will generally be treated as confidential to Laois/Offaly ETB, from time to time it may be necessary for us to exchange personal data on a confidential basis where we are legally required to do so, with the following organisations: Department of Education & Skills; the Department of Social & Family Affairs; An Garda Síochána; the HSE; the National Educational Welfare Board or with another school (where the student is transferring). We rely on Parents/Guardians 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 contact the school Principal.

Data Protection Policy of Laois/Offaly ETB:

A copy of the full Data Protection Policy of Laois/Offaly ETB is available at www.loetb.ie OR on request from the **LOETB Admin Offices, IDA Business Park, Mountrath Road, Portlaoise, Co. Laois.**

Photographs of Students:

The school maintains a database of photographs of school events held over the years. It has become customary to take photos 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 may be published on our school website or in brochures, newsletters, local and national newspapers and similar school related publications. In the case of website photographs, student's names will not be displayed with the picture. If you or your child wish to have his/her photograph removed from the school website at any time, you should write to the school Principal.

Consent:

If you are happy to have your child's photograph taken as part of school activities and included in all such records, Please tick here. ☐

Signed: _____
(Parent/Guardian)

Signed: _____
(Parent/Guardian)

Date: _____

PART 6: CONTRACT

STUDENT NAME: _____

As a student of Portlaoise 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 Portlaoise College Code of Conduct.

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN CONTRACT & CONSENT:

In registering the above named child as a student of Portlaoise 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 my child is 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 explicit consent for Portlaoise College to confirm, retain, use and disclose the information I have provided in accordance with the LOETB Data Protection Policy (as detailed above)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



CHECKLIST

- | | | |
|---|------------------------------|-----------------------------|
| 1. Copy of Birth Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. 1 headshot photo | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Recent report from current school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. State Exam Results <i>(if applicable)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Irish Exemption Cert <i>(if applicable)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Psychological Report <i>(if applicable)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |