

# TRANSFER APPLICATION FORM

**PLEASE INDICATE WHICH CLASS/YEAR YOU ARE APPLYING FOR:**

2<sup>ND</sup>  TY  5<sup>TH</sup>  LCA1

Academic Year: 2022/2023  2023/2024

*Note: 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.*

**PART 1: FAMILY DETAILS:** *(Required for school enrolment and parental contact purposes)*

1. Student First Name/s:	2. Student Surname:										
3. Date of Birth: (attach copy of Birth Cert) <table border="1" style="width: 100%; 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	4. Male <input type="checkbox"/> Female <input type="checkbox"/>		
D	D	M	M	Y	Y	Y	Y				
5. No. of children in Family	6. Position in the Family										
7. Religion	8. Country of Birth										
9. Home Address	10. Child's PPS Number <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										

**PARENT/GUARDIAN DETAILS:**

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
First Name:		
Surname:		
Maiden Name: <i>(if applicable)</i>		
Relationship to Child:		
Address:		
Email Address;		
Mobile Number:		
Home Number:		
Work Number:		
Other Emergency Contact Name:		
Emergency Contact No:		
Relationship to Child:		

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)*

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

**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)*

**Name of Doctor:** \_\_\_\_\_

**Name of Practice:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Relevant Medical Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Procedures to follow (for a particular condition):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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](http://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**  Yes  No
  
2. **1 Photo (Passport size)**  Yes  No
  
3. **Copy of all relevant reports**, i.e. school reports; State Exam results; Psychological Report (if applicable); Irish Exemption (if applicable)  Yes  No
  
4. **€50 Registration Fee**  Yes  No  
*(Non-refundable other than if the school is unable to offer the student a place)*