**** Ramsgrange, New Ross, Co. Wexford

 TEL: 051389211

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**Application Form (Transfer student)**

***(Application for enrolment does not guarantee acceptance*)**

**SECTION 1: To be completed by parent(s)/guardian(s)**

|  |
| --- |
| **Proposed date of entry to this school: \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_** |
|  |  |  |  |  |
| Student’s Name |  |  | * Male
 | * Female
 |
|  | *Surname* | *First Name* |  |  |
|  |  |  |  |
| Date of Birth: |  | PPS Number: |  |
|  |  |  |  |
| Nationality: |  | Religion (if any): |  |
|  |  |  |  |
| Address: |  | Mother’s Maiden Name: |  |
|  |  |  |  |
|  |  | Medical card number & expiry date (if any): |  |
|  |  |  |
|  |  |  |  |
| Mother’s Name: |  | Occupation: |  |
|  |  |  |  |
| Address: |  |
| *(if different to above)* |  |  |  |
| Mother’s phone: | Landline |  | Mobile |  | Work |  |
|  |  |  |
| Mother’s email: |  |
|  |  |  |  |
| Father’s name: |  | Occupation: |  |
|  |  |
| Address:  |  |
| *(if different to above)* |  |  |  |
| Father’s phone: | Landline |  | Mobile |  | Work |  |
|  |  |  |  |
| Father’s email: |  |
|  |  |  |  |
| Parent/Guardian correspondence title: |  |
|  |  |  |  |
| Does any legal order exist under Family Law of which the college should be made aware? | * Yes
 | * No
 |
|  |  |  |  |
| If parents are not together at the same address do you wish to have correspondence from the college sent to both addresses given above? | * Yes
 | * No
 |
|  |  |  |
| Has this student an Educational Psychological Report? | * Yes
 | * No
 |
|  | *(if yes, please attach a copy)* |
| Does this student have any health problems or disability? | * Yes
 | * No
 |
|  | *(if yes, please give details below)* |
|  |  |  |
| Is this student exempt from the study of Irish? | * Yes
 | * No
 |
|  |  |  |
| If yes, please state reason & attach proof of exemption: |  |
|  |  |  |  |
| Name of school your son/daughter is attending at present |  |
| Address of school your son/daughter is attending at present |  |
|  |
|  |
|  |  |
| Is this the only second level school that s/he has attended? | * Yes
 | * No
 |
|  |  |
| If no, please give name(s) of other second level school(s) attended. |  |
|  |  |  |  |
| Has your son/daughter been allocated resource hours, Learning Support or an SNA in their current school? | * Yes
 | * No
 |
|  |  |
| If yes, please give details. |  |
|  |
| What is the reason for this transfer application? |  |
|  |
| *Please tick the following to indicate your agreement:* |
| * I give permission for Ramsgrange to access files in my child’s school which are relevant to his/her transfer to Ramsgrange. This includes any educational or behavioural assessments/reports, psychological or psychiatric reports.
 |
|  |
| * I understand that if my son/daughter is offered a place at Ramsgrange that they will be subject to the Code of Behaviour and all other policies and procedures of that school.
 |
|  |
| * I understand that I must attend a meeting with the Principal/Deputy Principal as part of the enrolment procedure for Ramsgrange, and that a place will not be offered to my child until after such a meeting takes place.
 |
|  |
| * Ramsgrange may take photographs or video recordings of students for school records, as part of coursework, during extra curricular activities and other school events. Photos of my child may be displayed in the school and may be used for publicity including on the school website.
* I give my child permission to access school counselling services as recommended by RCS.
 |
|  |
|  |
| Signed: |  | Signed: |  |
|  | *Parent/Guardian* |  | *Parent/Guardian* |
| Date: |  | Date: |  |
|  |
|  |
|  |
| ***Please note:*** |
| * ***All applications must be accompanied by a birth certificate.***
* ***The PPS number of the applicant must be included on the application form. This is available from his/her current school or from your local social welfare office.***
* ***A meeting with parents will take place as soon as possible after an application has been received and places will be offered to successful applicants within 21 days of such a meeting, provided that all necessary documentation has been submitted.***
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**SECTION 2: To be completed by the Principal of the school that your son/daughter attends at present.**

|  |  |  |  |
| --- | --- | --- | --- |
| Students Name: |  | Class: |  |
|  |  |  |  |
| Programme being undertaken by the student: | * Junior Certificate Year \_\_\_
* Junior Certificate Schools Programme Year \_\_\_
* Transition Year
* Leaving Certificate Year \_\_\_
* Leaving Certificate Vocational Programme Year \_\_\_
* Leaving Certificate Applied Year \_\_\_
 |
|  |  |
| Examination subjects being taken: |
| 1. | 7. |
| 2. | 8. |
| 3. | 9. |
| 4. | 10. |
| 5. | 11. |
| 6. | 12. |
|  |  |
| Please give an assessment of the student’s Ability & Application |
|  |
|  |
|  |
|  |
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|  |
|  |  |  |
| What is the student’s attendance record at school? | **Year** | **Days missed** |
|  | **1** |  |
|  | **2** |  |
|  | **3** |  |
|  | **4** |  |
|  | **5** |  |
| Are there any learning or behavioural difficulties? | * Yes
 | * No
 |
| If yes, please give details. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|

|  |  |  |
| --- | --- | --- |
| Has the SENO allocated resource hours or an SNA? | * Yes
 | * No
 |
| If yes, please give details. |  |  |
|  |
|  |
|  |
|  |
|  |  |  |
| How would you describe the student’s behaviour? |  |  |
|  |
|  |
|  |
|  |
|  |
|  |  |  |
| Has the student been placed on detention while enrolled at your school? | * Yes
 | * No
 |
|  |  |  |
| If yes, how often and for what reason(s)? |  |  |
|  |
|  |
|  |
|  |
|  |  |  |
| Has the student been suspended while enrolled at your school? | * Yes
 | * No
 |
| If yes, please give details (length of suspension(s) and reason(s) for suspension(s): |
|  |
|  |
|  |
|  |
|  |
|  |
| Is this student going through an expulsion process at present? | * Yes
 | * No
 |
|  |
| Any other relevant information (please use additional page(s)if necessary): |
|  |
|  |
|  |
|  |
|  |  |  |
| **Principal’s signature:** | **Date:** |
| **School stamp:** |

 |

***For office use only:***

Date of 1st contact with school: \_\_\_\_\_\_\_\_\_\_

Initial Contact Person: \_\_\_\_\_\_\_\_\_\_

Date of Posting / collection of Enrolment Form: \_\_\_\_\_\_\_\_\_\_

Date Section 1 returned: \_\_\_\_\_\_\_\_\_\_

Information missing (if any) from form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of contact made to inform applicant of missing information: \_\_\_\_\_\_\_\_\_

Date of meeting with P/DP: \_\_\_\_\_\_\_\_\_

Date of letter sent offering / declining place: \_\_\_\_\_\_\_\_\_

Any further relevant info:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_