

Ramsgrange, New Ross, Co. Wexford

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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)

| Pr | oposed da | ate of entry t | o this sch | lool: | | 20 | |
|---|-------------|----------------|-------------|--------------------------------------|------------------|------|----------------------|
| Student's Name | | | | | | Male | Female |
| | | Surname | | First Name | 1 | | |
| Date of Birth: | | | | PPS Number: | | | |
| Nationality: | | | | Religion (if any): | | | |
| Address: | | | Mothe | r's Maiden Name: | | | |
| | | | | al card number & piry date (if any): | | | |
| Parent's Name: | | | | Occupation: | | | |
| Address: (<i>if different to above</i>) Parent's phone: | Landline | | Mobile | | Work | | |
| Parent's email: | | L | | | 1 | | |
| Parent's name: | | |] | Occupation: | | | |
| Address: (<i>if different to above</i>) | | | 7 | Γ | 1 | | |
| Parent's phone: Parent's email: | Landline | | Mobile | | Work | | |
| Parent's email. | | | | | | | |
| Parent/Guardian | correspond | lence title: | | | | | |
| Does any legal or should be made a | | nder Family La | w of whic | h the college | 🗆 Ye | 2S | 🗖 No |
| If parents are not correspondence f | | | , | | 🗆 Ye | S | 🗖 No |
| Has this student | an Educatio | onal Psycholog | ical Report | :? | □ Ye (if yes, | | □ No tach a copy) |
| Does this student have any health problems or disability? | | | | 🗖 Ye | S | 🗖 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? | | J Yes | 🗖 No |
| If no, please give name(s) of other second level school(s) attended. | | | |
| Has your son/daughter been allocated resourd Support or an SNA in their current school? | ce hours, Learning | J Yes | 🗖 No |
| If yes, please give details. | | | |
| Г | | | |
| 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.
 - Medical Card Details The Department of Education currently waives examination fees for Junior Cert/Cycle and Leaving Cert. students where the student or parent has a current medical card. In order for us to inform the Department that a medical cards exists, we are required to get your permission and relevant Medical card details. This information will be returned to the Department of Education via the 'October Returns'.
 - Testing It is our school policy to regularly review students' progress and levels of attainment. To this end it may be necessary to carry out additional testing in addition to standard classroom subject tests e.g. aptitude tests/ability tests/ literacy tests/numeracy tests. Please confirm that we have your permission to carry out these tests. Or full policy on Student testing and attainment is available on our school website – www.ramsgrangecommunityschool.ie.



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 | Junior Certificate Year | | |
| student: | 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

 What is the student's attendance record at school?
 Year
 Days missed

 1
 1
 2
 1

 2
 3
 4
 1

 4
 5
 1
 1

 5
 No
 No
 1

Are there any learning or behavioural difficulties? If yes, please give details.



| Has the SENO allocated resource hours or an SNA? | J Yes | 🗖 No | |
|--|----------|------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| How would you describe the student's behaviour? | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Has the student been placed on detention while enrolled at your sch | nool? | 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 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Is this student going through an expulsion process at present? | _ | Vee | |
| | | Yes | 🗖 No |
| Any other relevant information (please use additional page(s)if nece | essary): | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Principal's signature: D | ate: | | |



School stamp:

For office use only:

| - |
|---|

Personal Data on this form:

The personal data supplied on this application from is required for the purposes of student enrolment, registration, administration, child welfare and to fulfil our other legal obligations. Contact details will also be used to notify you of school activities and/or events. While the information gathered will generally be treated as confidential to Ramsgrange Community School, from time to time it may be necessary for us to exchange personal data on a confidential basis with other bodies including the Department of Education and Skills, the Department of Social Protection, An Garda Siochana, TUSLA, 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 you/your child's personal data you should inform the school Principal in writing. A full copy of our Data Protection Policy is available on our school website – www.ramsgrangecommunityschool.ie.



Department of Education and Skills Circular 0023/2016 Appendix B – The student data and the purpose for which it is being collected.

| Data required | Purpose | Comment |
|--|---|---|
| Nationality* | This is required for statistical and reporting purposes | *It is the preferred nationaility which the parent/guardian or student who is deemed |
| | Nationality is collected for students in the education and training sectors | competent to do so provides. It is chosen regardless of whether the student is adopted or has a dual |
| | Data will be used in aggregate format only | nationality. |
| Is English or Irish the mother tongue* of the student (yes/no) | To help identify need for language support. | *Mother tongue is the language a child speaks as their first language. |
| | To monitor progression and assessment of outcome. | |
| | Meet national ad EU reporting requirements. | |
| Ethnicity or cultural background of the student. | To assist outcome focused planning of policy and support for minority groups. | The identification in relation to ethnic and cultural background is on the basis of voluntary self-identification. |
| | Monitoring and evaluation of policy supports. | It is not compulsory. |
| | Data on students from the Traveller community is required for the allocation of enhanced capitation. | Parents and students are free to decline to provide this information. |
| | Data on Roma is required for reporting to the EU and the UN. | The question is similar to the question in the national census. |