

TRANSFER APPLICATION FORM

Please complete ALL sections of this form in BLOCK CAPITALS. Please attach THREE most recent school reports together with this application form.

Section A - To be completed by parent/guardian/carer

Student's Name: _____

Age: _____ Date of Birth: _____

PPS No: _____

Home Address _____

Current School: _____

Year you are applying to join	2nd	3rd	TYP	5 th	6 th
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Male / Female / Non-binary / Transgender – please circle

Application is hereby made to NWETSS for a place in Year _____ commencing September 2024.

1. Parent / Guardian Name 1: _____

Phone Number: _____

Email address: _____

2. Parent / Guardian Name 2: _____

Phone Number: _____

Email address: _____

Section B - To be completed by parent/guardian/carer

Subjects Currently Studied:

What are the reasons for transfer?

What are the student's strengths?

I give permission for NWETSS to make all relevant queries in relation to this application. I understand that the provision of incomplete, misleading or false information by the applicant, parent or guardian may be considered sufficient grounds to refuse an application or to withdraw any offer of enrolment that has already been made.

Parent / Guardian / Carer signature _____ Date _____

NOTE: This completed form must be accompanied by the following supporting documentation, otherwise it will be deemed an incomplete application and will not be considered:

- Three most recent school reports
- A copy of the Junior Certificate JCPA (if applicable)

When completed, this form along with the necessary supporting documentation, should be returned to:
North Wicklow Educate Together Secondary School, Dublin Road, Bray, Co. Wicklow, A98 EF88

Section C - To be completed by Principal from the applicant's current or most recent school, following signed consent from parent/guardian/carer above:

Name of student: _____

I consent to _____ (name of current school) sharing the following information about the above-mentioned student with North Wicklow Educate together Secondary School.

Signed: _____ Parent/Guardian/Carer

To be completed by Principal:

Please comment on each of the following:

General Academic Ability _____

Academic Strengths _____

Attendance _____

Punctuality _____

General Behaviour _____

Is the student currently receiving support of SET time granted by NCSE? Please circle YES / NO

If yes what key areas/targets are set for the student on their Student Support File?

Is the student accessing SNA support? Please circle YES / NO

If Yes what care needs are being supported? _____

Has the student been placed on suspension? Please circle YES / NO

Please give further information if applicable:



Has the student been expelled? Please circle YES / NO

Please give further information if applicable:

Any additional comments about this student?

Signed _____ Date _____

School Principal

School Stamp (current school):