



STUDENT ENROLMENT TRANSFER APPLICATION FORM

Academic Year 2024-25

Student Details (Required for school enrolment and contact purposes)

Please complete all sections of the following application using BLOCK CAPITALS											
Student Surname (as per birth cert)											
Student First Name											
Date of Birth	Date: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Month: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Year: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>										
Student's Principal Residence (home Address)											
Eircode	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>										
Gender											
Proposed Year Group											
Nationality											
Religion/Faith											
Mother's Maiden Name											
Student's PPSN Number	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>										
Name of Sibling(s) currently enrolled in Scoil Dara:											

Subjects and levels currently being studied.		
Name of current School		
Address of current school		

An original birth certificate must accompany all applications. Original birth certs will be photocopied by the office and returned to parents/guardians at the address provided below.

Parent/Legal Guardian Details

	Mother/Legal Guardian	Lawful Father/Legal Guardian
First name		
Surname		
Address		
Eircode		
Relationship to student (if not parent/legal guardian)		
Home Phone Number		
Mobile Phone Number		
Mobile Phone Number to receive text alerts from school (one only)		
Email (required for at least one parent)		

Reports on Educational Progress

Please only fill in the section below if you wish to have a second copy of school information / reports/text messages/emails to be sent to a different contact from that provided above.

First name	
Surname	
Address	
Eircode	
Relationship to Student	
Mobile Phone Number	
Email Address	

Emergency Contact details (other than parent/legal guardian)

	Contact 1	Contact 2
Name		
Address		
Contact Number(s)		
Relationship to Student		

Student Code of Behaviour

<p>Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if s/he secures a place in the school. Please note that the Code of Behaviour can be found at www.scoildara.ie</p>
<p>I _____ confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if s/he secures a place in the school.</p>

Section D: Reason for Transfer Application

Please provide a full and comprehensive explanation of the reason(s) for a transfer application to Scoil Dara.

We declare that the information we have provided is accurate and true.

Student Signature

Date

Lawful Father/ Mother/ Legal
Guardian Signature

Date

Completed Applications to:

**Mr. McDonagh
Principal,
Scoil Dara,
Church Street,
Kilcock,
Co. Kildare
W23 WT26**