

ST. LOUIS COMMUNITY SCHOOL

Chapel Street, Kiltimagh, Co. Mayo

TRANSFER APPLICATION FORM FOR ADMISSION



Student Details

First Name: _____

Surname: _____

Date of Birth: _____

Gender: Female ☐ Male ☐

Full Address: _____

_____ Eircode: _____

PPS Number: _____ Nationality: _____

Ethnicity & Cultural Background: _____

Primary Language Spoken: _____

Full Name and Address of School you are being transferred from: _____

Year Student is transferring into: _____

Details of any siblings in St Louis currently:

Full Name: _____

Full Name: _____

Full Name: _____

Parent/Guardian Details

Parent / Guardian 1.

Full Name: _____

Address: _____

_____ Eircode: _____

Mobile No: _____ Occupation: _____

Email Address: _____

Relationship to Student: _____

Parent / Guardian 2.

Full Name: _____

Address: _____

_____ Eircode: _____

Mobile No: _____ Occupation: _____

Email Address: _____

Relationship to Student: _____

School Policies/Code of Behaviour:

I, *(insert student's name)* _____ have read the school policies on the school website (www.stlouiscs.com) including the Code of Behaviour and I agree to uphold them in every detail.

Signed by student: _____ **Date:** _____

I/We, the Parent(s)/Guardian(s) of _____ have read the school policies on the school website (www.stlouiscs.com) including the Code of Behaviour and we agree to uphold them in every detail. I/We have fully disclosed all relevant information to St. Louis Community School so that the school can determine if it can cater for the needs of our son/daughter.

Signed by parents: Father/Guardian: _____ **Date:** _____

Mother/Guardian: _____ **Date:** _____

Additional Needs

If your child has any additional needs, please give a brief outline below and provide the listed documents (where relevant). These documents are essential in order to allow us to prepare for your child's smooth transition to St. Louis Community School.

Name of child: _____

Additional Needs:

Checklist

- ☐ Student Support File from primary school
- ☐ Psychological Report
- ☐ Certificate of Irish exemption
- ☐ Occupational Therapy report
- ☐ Speech and Language Report
- ☐ Relevant medical letters
- ☐ Any other relevant documents

Medical Conditions:

If your child has any medical conditions that we need to be informed about please indicate below:

Acute Short Sightedness: ☐ Hearing Difficulty: ☐ Asthma: ☐ Diabetes: ☐

Other issues (Please Specify): _____
