



Transfer Application Form for Entry into 2nd, 3rd, Transition, 5th or 6th Year 20 __/20 __ (Please complete)

Ardcoil Rís
Griffith Avenue,
Dublin 9
D09AK30
Tel: 018332633
Email:
admin@ardscoilris.com

Completion of this application does not guarantee admission.

The information requested on this form is required. The legal basis for the questions contained in this form is specified in our Admissions Policy. All of the information that you provide on this application will be treated confidentially and in line with the school's Data Protection.

Thank you for taking the time to apply to Ardcoil Rís. Please note however, that the school remains full to capacity and oversubscribed.

*For office use only:
Date & time received &
by whom (initials):*

Please complete this form in BLOCK CAPITALS (Part A)

Student's Personal Details

Surname:	First name/s:
Address:	
Date of Birth:	Copy of Birth Certificate supplied: Yes <input type="checkbox"/> No <input type="checkbox"/>
Student's name as it appears on birth certificate:	

School that the student is currently attending:

School Name & Address: _____				
Tel No: _____				
Please indicate what year is the application for:				
<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th	<input type="checkbox"/> 5 th	<input type="checkbox"/> 6 th

Parent /Guardian Details:

PLEASE ENSURE THAT YOU PROVIDE A WORKING EMAIL ADDRESS AND MOBILE PHONE NUMBER.

Surname: _____	Surname: _____
First Name: _____	First Name: _____
Relationship to Student: _____	Relationship to Student: _____
Tel (home): _____	Tel (home): _____
Mobile: _____	Mobile: _____
Email Address: _____	Email Address: _____
Postal Address: _____	Postal Address: _____
_____	_____

Prior links with Ardscoil Rís (if any)	Name/s	Years attended
Has the applicant any brothers currently in Ardscoil Rís?		
Has the applicant any brothers as past-pupils of Ardscoil Rís?		
Is the applicant's Father a past-pupil of Ardscoil Rís?		

Please complete the following check list for your child's entry to Ardscoil Rís

PERSONAL DETAILS

PPSN:	Nationality:	Country of birth:
Any medical conditions we need to be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical card holder: Yes <input type="checkbox"/> No <input type="checkbox"/>	Traveller Heritage: Yes <input type="checkbox"/> No <input type="checkbox"/>
A copy of an original birth certificate included. Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please send a copy to the school as soon as possible.	Is your child known by another name other than the one on the application form? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Is there information that we need to know about your child that should be made known to our Pastoral Care Team? Yes No

EDUCATIONAL NEEDS

Does your child have any special needs requirements: Yes No

Did your child have access to Learning Support in Primary/Secondary School: Yes No

Did your child have access to Resource Hours in Primary/Secondary School: Yes No

Does your child have an Irish Exemption: Yes No

Has your child had an assessment in any of the following: Psychological/Occupational/Speech/Other: Yes No

If the answer to any of these questions is "YES" then please provide copies of these documents for your child's school file.

By accepting a place in Ardscoil Rís you and your child are undertaking to uphold and abide by all Policies, instructions and requests that are given by or on behalf of the school. We encourage you to review the current Policies on our website: www.ardscoilrisdublin.com

Parental/Guardian Consent

The school maintain a database of photographs from school events held over the time your son will be in Ardscoil Rís. It has become customary to take photographs of students engaging in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs may be published on our school website, app, on social media or in brochures, yearbooks, newsletters, local and national newspapers, and similar school-related productions. Names may also appear in photos. Consent is requested from each parent and should the parent wish to have his/her child's photograph removed at any time, we will duly comply on receipt of a written request.

Do you consent? Yes No Signed: _____

What is the reason for wishing to move to Ardscoil Rís?

Application Form for Transfer Part B

To be completed by the Principal of the school from which the transfer takes place. Principal, after completing Part B, please return the entire form to The Principal, Ardscoil Rís, Griffith Avenue, Dublin 9.

Please comment on each of the following in relation to the above student's record

Punctuality Record: Excellent Good Fair Poor

Attendance Record: Excellent Good Fair Poor

Disciplinary Record: Excellent Good Fair Poor

Was the student ever suspended from school? If yes, please give details:

Was the student ever expelled or excluded from your school? If yes, please give details:

Please comment on the student's General Ability:

Is the applicant eligible for resources/learning support? Please give details:

Why in your opinion, is the student seeking to change school?

Any other comments in support of the applicant's request to transfer:

Signed: _____(Principal) Date: _____

I/we the parents/guardians of the above named applicant consent to the Principal/School authorities of his previous school(s) to release appropriate and relevant information to the Principal of Ardscoil Rís pertaining to our child in the event that such a request for information is received.

Signed: _____(Parent/guardian) Date: _____

Final checklist for completion of this form and criteria which Ardscoil Rís will use to assess the application

Have you included the following:

- Term reports from your previous school that is within one academic year old
- A character reference from your current school
- A copy of state exams, where applicable
- Reports supporting your answers regarding Special Education Needs or assessments
- Copy of your Irish exemption, if applicable
- Copy of Birth Certificate
- The reason for transfer request

Criteria for admission:

- The availability of places in a particular year group with reference to the Department of Education Skills guidelines on class sizes and the maximum number of students allowed in each year group as determined by the Board of Management.
- The calibre of other candidates that may have made applications
- Where the subject requirements of an applicant cannot be accommodated by the current school curriculum
- The applicant's prior history of study in the subjects they wish to pursue
- Any special educational needs of the student and the school's ability to satisfy these needs
- The best interests of the applicant
- The best interests of the school

PLEASE READ:

I/we confirm that all the information supplied is complete and correct. []

Signature/s of Parent/s or Guardian/s: _____ Date: _____

Signature/s of Parent/s or Guardian/s: _____ Date: _____

Any personal data provided on this form will be used to (i) identify a student and communicate with their parents/guardians (ii) process an application in line with the school's admissions criteria (iii) confirm the offer of a place where an application is successful. The information will be retained for an appropriate period thereafter to address any potential queries arising from the application process (or added to the student's school file in the case of successful applicants).

Please note: Application forms which are not accompanied by all relevant documentation will not be processed.