



Transfer Application Form

Transfer Application Form			
Year for which application is being made:	Year group (2nd, 3rd etc) _____ in August of _____		
Student Surname: (as appears on Birth Cert)			
Student Christian Names: (as appear on Birth Cert)			
Address:			
Eircode:		PPS Number:	
Date of Birth:		Religion:	

Read the Admission Policy and Admission Notice on cbckilkenny.ie
All applicants must complete ALL sections

Special Class Application

Applications for enrolment in a Special Class must be accompanied by a professional report outlining: **a diagnosis of autism (DSM IV/V or ICD 10/11 (psychologist, psychiatrist, multi-disciplinary report)), a demonstration of the understanding of complexity of the child's overall level of need/s evidenced in the professional reports, given the severity or complexity of the child's support needs, a clear professional recommendation as to what educational placement type would be most appropriate to best meet the child's needs, along with the rational for same and a letter from the NCSE confirming that the child is known to them and that the child has the required diagnosis and recommendation for a special class for autism.**

In the event of the demand for places in a Special Class exceeding the number of available places, offers will be made on the basis of the selection criteria outlined in the Admission Policy. Consult the Admission Policy for all information regarding applications for a Special Class.

	YES	NO
I am applying for my son to be enrolled in a Special Class.		
In the event of NOT securing a place in a Special Class, I wish him to be considered for a place in a Mainstream Class.		

Medical Details

Doctor's name and contact number:	
Details of any existing medical issue:	
Are parents the holders of full Medical Card? (as requested by DES)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact Details

Mother's name:		Mother's mobile number:	
Mother's occupation:		Mother's work number:	
Mother's email address:			
Father's name:		Father's mobile number:	
Father's occupation:		Father's work number:	
Father's email address:			
Which mobile number should be used by school for SMS communication? (Please select one)			

Legal Guardian (if not both parents)	
Name by which student is commonly known:	
Mother's maiden name:	

Education History

Present and previous Schools:	Attendance dates (starting with most recent):

Subjects and levels being studied in present school	Subjects which Applicant wishes to study

Further Details

Country of Birth:	
Did applicant attend school outside of Ireland? (Please provide details)	

Has applicant older brothers?	
Has applicant older brothers currently attending CBC Kilkenny? (Please provide name(s))	
Has applicant older brothers who have <u>previously</u> attended CBC Kilkenny? (Please provide name(s))	

Has applicant special educational needs? (Please provide details)	
Has applicant applied for, or been in receipt of, Learning Support hours? (Please provide details)	

Please state the reasons for seeking transfer to CBC Kilkenny:	
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The school's Admission Policy is available for inspection on the school website, www.cbckilkenny.ie. All Applicants are advised to consult same before completing this enrolment form.

This Application Form must be completed in full. An application can only be considered when a fully completed Application Form together with all supporting documentation such as Academic, Attendance and Behaviour Reports from present or previous school(s) have been received.

It is the responsibility of the Applicant to secure all supporting documentation, including all reports of whatever nature required from the present or previous school(s) attended by the Applicant, or any other relevant reports or documents arising elsewhere.

I hereby apply for enrolment for the above student in CBC Kilkenny, and I have supplied the required information accurately and completely.	
I wish to apply for a place for the applicant in _____ Year (e.g. 2 nd , 3 rd Year)	
Signed: _____ (Parent/Guardian)	Date: _____
Signed: _____ (Parent/Guardian)	Date: _____