

Mr. B. Jennings B.A., B.Sc. M.Ed
Principal

Mr. D Burke B. Tech. (Ed.)
Deputy Principal

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ETB

Mayo, Sligo & Leitrim
Education & Training Board

APPLICATION TO TRANSFER

YEAR _____

COURSE _____

Note: The information provided on this form is confidential and will be retained, used and disclosed by St. Patrick's College and centrally by Mayo Sligo Leitrim ETB in line with the Data Protection Notice in Part 5.

Part 1 Family Details (Required for school enrolment and parental contact purposes)

1. Child's First Name/s		2. Child's Last Name											
3. Male/Female		4. Date of Birth (attach copy of birth cert)											
		<table border="1"> <tr> <td>D</td><td>D</td><td>--</td><td>M</td><td>M</td><td>--</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	--	M	M	--	Y	Y	Y	Y
D	D	--	M	M	--	Y	Y	Y	Y				
5. No. of children in family		6. Position of child in family											
7. Religion		8. Country of Birth											
9. Home Address		10. Childs PPS No.											
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1. <u>Parent/Guardian Details</u>		2. <u>Parent/Guardian Details</u>	
First Name		First Name	
Last Name		Last Name	
Maiden Name (Mother)			
Relationship to Child		Relationship to Child	
Address		Address	
Phone No. (Home)		Phone No. (Home)	
Phone No. (Work)		Phone No. (Work)	
Phone No. (Mobile)		Phone No. (Mobile)	
Email Address		Email Address	

Other Emergency Name and Contact Number

Name _____ Phone No. _____

Relationship to Child _____

If there are any orders or other arrangements in place governing access to, or custody of, the child, please provide details.

Please indicate name and address of person (s) to whom correspondence is to be sent regarding educational progress of the student if, different from above.

Does the student have any brothers or sisters in this school?

Yes

No

If yes please indicate names and the year they are currently in

Name _____ Year _____

Name _____ Year _____

Name _____ Year _____

Part 2 Educational Details*(Note: We may contact the school in connection with your child's enrolment)*

Present School _____

Principal's Name _____

Other schools attended

Dates

Has the student a psychological assessment? Yes No

Is the Psychological Report available? Yes No

Has the student been granted Resource Teaching Hours and/or Special Needs Assistance hours by the NCSE? Yes No

If you answered yes please give details

Part 3 Transfer Information

Has the applicant applied to transfer to any other school? Yes No

Please outline the reason(s) for application to transfer to this school

Is the applicant under investigation or part of an investigation by his/her current school?

Yes No

If the answer is yes please give details

Subjects applicant is <u>currently</u> studying		Subjects applicant <u>wishes</u> to study if accepted	

Please note while every effort will be made to facilitate subject choices, it may not always be possible.

Part 4 Medical Details

(Required to ensure the school has an accurate record of medical conditions as well as your doctor's contact details in the event of a medical issue arising during school/ETB activities. Please note it may be necessary to disclose this information to staff)

1) Doctor's Name _____

2) Name of practice (if relevant) _____

3) Phone Number (Clinic) _____

4) Health concerns for child.

5) Procedures to follow (for a particular illness).

6) Does the child require glasses? Yes No

7) Does the student have any hearing difficulties? Yes No

8) Any other medical concerns/information of relevance?

Part 5 (Privacy & Personal Data)

Personal Data on this Form

MSLETB is registered as a Data Controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application form is required for the purposes of student enrolment, registration, administration, child welfare and to fulfil our other legal obligations, including the election of parent/guardian representatives to the ETB under the Vocational Education (Amendment) Act 2001. Contact details will also be used to notify you of school/ETB events or activities. While the information provided will generally be treated as confidential to MSLETB, from time to time it may be necessary for us to exchange personal data on a confidential basis, where we are legally required to do so, with other bodies including the Department of Education & Skills, the Department of Social & Family Affairs, An Garda Síochána, the Health Service Executive, the National Educational Welfare Board or with another school (where the student is transferring). We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your/your child's personal data you should write to the school Principal.

Data Protection Policy of MSLETB

A copy of the full Data Protection Policy of MSLETB is available at www.msletb.ie or on request from The CEO, MSLETB, Administrative Offices, Newtown, Castlebar, Co. Mayo.

Photographs of Students

The school maintains a database of photographs of school events held over years. It has become customary to take photos of students engaged 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 or in brochures, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs, student names will not be recorded with the picture. If you or you child wish to have his/her photograph removed from the school website at any time you should write to the school Principal.

Consent (tick one only)

1. If you are happy to have your child's photograph taken as part of school activities and included in all such records tick here
2. If you would prefer not to have your child's photograph taken and included in such records, please tick here
3. If you are happy for their photograph to be taken and included, as 1. above, but would prefer not to have images of your child collected in the above situations available on the school website please tick here.

Signed

_____ (Parent/Guardian)

_____ (Parent/Guardian)

Date

Part 6 (Contract)

Student

Name: _____

As a student in St. Patrick's College I promise to abide by the Rules and Regulations of the school, in the interests of maintaining a positive learning environment.

I have read and I accept the School Code of Behaviour

Student's Signature: _____ Date: _____

Parent (Contract and Consent)

In registering my above named child as a student in St. Patrick's College. I understand that this implies a full acceptance of the rules of the school as laid down from time to time by the Board of Management.

I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my son/daughter will be facilitated in his/her subject choices, this may not always be possible.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

By signing below, I am giving explicit consent for St. Patrick's College to confirm, retain, use and disclose the information I have provided in accordance with the MSLETB Data Protection Policy (as summarised above). .

Parent/Guardian Signature(s): _____

Date: _____

All applications must be accompanied by:

- (a) copies of 2 most recent school reports**
- (b) copies of any assessments(educational/psychological)**
- (c) a completed Student Enquiry form**

Please note that any incomplete applications will not be processed.

Office use only:

Date of Interview

Members of Interview Board

Decision of Committee

Date

Consent Form for Sensitive Personal Data for the School's October Return to the Department of Education and Skills

Certain sensitive personal data which the Department asks post-primary schools to furnish via the "Annual Post-Primary School October Return/Examination Entries" process requires your written consent for your child's school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 0047/2010 a copy which is available at www.education.ie or on request from your child's school.

Please note that the reference to "you" in this consent form means a parent or a guardian of a student, or a student aged 18 years and over who is attending a recognised post-primary school.

Please enter the following details in BLOCK CAPITALS

Name of School: _____

Name of Parent/Guardian: _____

Name of Student: _____

Class year of student: _____

1. Where your child is transferring as a 1st Year do you or your child possess a medical card? (please CIRCLE the appropriate answer)

YES

NO

2. Is your child a member of the Traveller Community *?
(please CIRCLE the appropriate answer)

YES

NO

* "Traveller Community" means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland. Section 2(1) of the Equal Status Act, 2000

Signed: _____

Parent/Guardian/Student

Date: _____

Please complete this form and return to your post-primary school. This form will be retained by the post-primary school and will be made available for inspection by authorised officers of the Department or from the Office of the Data Protection Commissioner.

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STUDENT ENQUIRY FORM

Note : The information provided on this form is confidential and will be retained, used and disclosed by St. Patrick's College and centrally by MSLETB in line with the Data protection notice below.

I/We the parents/guardians of _____ Date of Birth _____

give permission to the school authority at _____
(school applicant is transferring from)

to release the relevant information requested below to the school authority,

_____ St. Patrick's College _____, MSLETB

Signed: _____ (Parent/guardian)

Date; _____

To be completed by the Principal of school last attended

1. Academic progress to date

Excellent Good Fair Poor

2. Does the student have special educational learning needs?

If yes please give details

3. Has the student been assessed by an educational psychologist?

Yes No

Is the Psychological Report available? Yes No

(If yes please attach copy to Application Form)

4. Has the student been granted Resource teaching hours and/or Special Needs Assistance hours by the NCSE?

If yes please give details

5. Has the student been in receipt of learning support? Yes No

If the answer is yes please give details _____

6. *Has the student received EAL* (English as an Additional Language)

support? Yes No

If Yes how many years? _____

7. Disciplinary Record

Excellent Good Fair Poor

In relation to the previous full academic years please provide the following information, the number of detentions and the number of suspensions.

Year 1 _____ Year 4 _____
Year 2 _____ Year 5 _____
Year 3 _____

8. Has this student been excluded / expelled? Yes No

If yes, please state reason(s):

9. Attendance Record

Excellent Good Fair Poor

In relation to the previous full academic years how many days was the student absent?

Year 1 _____ Year 4 _____
Year 2 _____ Year 5 _____
Year 3 _____

10. General participation/contribution to school life

Excellent Good Fair Poor

Please give details

11. General comment

Signed _____ (Principal) Date _____



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