

# Transfer Student Information Form for Holywell Educate Together National School

<p><b>Student Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Parent / Guardian Names</b></p> <p>1 _____</p> <p>2 _____</p>	<p><b>Name &amp; Address of school:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Current Class:</b></p> <p>_____</p> <p><b>Class Teacher:</b></p> <p>_____</p>
<b>Date of Birth:</b>	<b>PPSN:</b>
<b>Nationality:</b>	<b>Date enrolled in current school:</b>

## General report – Current Year

*More than one box may be ticked*

	Excellent	Very Good	Good	Unsatisfactory	Consistent	Inconsistent
Behaviour & co-operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance & Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Academic Achievement \*

The comments hereunder arise from both formal & informal class-based assessments supported by the professional opinion of the teacher

	Exceptional	Above Average	Average	Below Average	Reaching Potential	Not Reaching Potential
<i>More than one box may be ticked</i>						
Gaeilge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Personal & Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Work & Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Work & Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Standardised Assessment – Literacy & Numeracy**

English Assessment Used: \_\_\_\_\_ Date Given: \_\_\_\_\_ Percentile \_\_\_\_\_ STEN Score \_\_\_\_\_

Mathematics Assessment Used: \_\_\_\_\_ Date Given: \_\_\_\_\_ Percentile \_\_\_\_\_ STEN Score \_\_\_\_\_

**Special Education Needs – where applicable**

Has this student a diagnosed additional needs ? Y \_\_\_\_\_ N \_\_\_\_\_ If Y, please state: \_\_\_\_\_

Psychological Assessment Undertaken \_\_\_/\_\_\_/\_\_\_\_\_ Report(s) available from Parents  School

Other relevant reports (Speech and language/OT/etc) \_\_\_\_\_

Additional Support teaching hours per week \_\_\_\_\_ Please provide the school with a copy of the IEP/IPLP.

Continuum of Support \_\_\_\_\_ (Please provide a copy of the continuum to the school)  Special Needs Assistance hours per week \_\_\_\_\_

English as a Second Language support hours per week \_\_\_\_\_  Exemption from Gaelige – Date of Certification \_\_\_/\_\_\_/\_\_\_\_\_

**Further Information**

**School Declaration**

Has this student been suspended:

No \_\_\_\_\_ Yes \_\_\_\_\_ No. of Times \_\_\_\_\_

Has this student been expelled:

No \_\_\_\_\_ Yes \_\_\_\_\_ No. of Times \_\_\_\_\_

Any further information the school should be aware :

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_

**Receiving School Stamp**

I hereby give my permission for (Name of current school): \_\_\_\_\_

to furnish Holywell ETNS with the relevant information below as part of the pre-enrolment process.

Print Parent/Guardian name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Completion of this form is a criteria for enrolment. This form does not imply or infer a place has been offered to your child.*