



## Request for Transfer Form for Academic Year 2024 to 2025 Senior Infants to 5<sup>th</sup> Class inclusive

Class level: \_\_\_\_\_

(All information on this form will be treated in the strictest confidence). Please use BLOCK CAPITALS

Name of Child: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender: Male:  Female:  DOB: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

EIRCODE: \_\_\_\_\_ I understand that if I change my phone number or address I must inform St Joseph's

Present School: \_\_\_\_\_ Contact no: \_\_\_\_\_

I understand that if I change my phone number or address I must inform St Joseph's

Brother's/sister's in St. Joseph's N.S : Yes:  No :

If yes please specify:

Name \_\_\_\_\_ Class: \_\_\_\_\_ Name \_\_\_\_\_ Class: \_\_\_\_\_

### MEDICAL INFORMATION

- Has your child a medical conditions: Yes:  No :
- Has your child been referred to a specialist: Yes:  No :

If yes please specify: \_\_\_\_\_

### ASSESSMENT HISTORY

- Has your child ever had any form of a assessment: Yes:  No :

If yes please specify: \_\_\_\_\_

- Psychological Yes:  No :
- Occupational Therapist Yes:  No :
- Speech and Language Yes:  No :
- Other Yes:  No :
- I have reports available Yes:  No :
- Other details \_\_\_\_\_

**Please tick:**

I can access St. Joseph's Admission Policy

Please tick A or B

- A. I have accessed St Joseph's Admission Policy on their website ([www.sjns.ie](http://www.sjns.ie))
- B. I have been given a copy of St Joseph's Admission Policy (**from reception**)

**Please note: This Application for Admissions Form does not entitle your child to a place in St. Joseph's.**

You will be notified if your application has been successful at which time an Admissions Offer Form will be forwarded to you.

**\*\*FORMS CAN BE RETURNED TO RECEPTION OR EMAILED TO: [admissions@sjns.ie](mailto:admissions@sjns.ie)**

OFFICE USE ONLY. Date received: \_\_\_\_\_ REG ID: \_\_\_\_\_ INITIALS: \_\_\_\_\_