

Email address:

Relationship to

student:

STUDENT TRANSFER APPLICATION FORM



Plea	se complete all sections of the follow	ving applic	ation using BLOCK CAPITALS	
	SECTION 1: STU	DENT DE	TAILS	
	Details of the student for whom	this applica	tion is being made.	
FIRST NAME:		SURNAME:		
ADDRESS:				
			EIRCODE:	
GENDER	MALE - FEMALE -	PREFER NOT TO SAY		
DATE OF BIRTH:	DD/MM/YYYY	PPSN:		
COUNTRY OF BIRTH: NATIONALITY:				
PRESENT SIBLING	PRESENT SIBLINGS IN THE SCHOOL:		MEDICAL INFORMATION (IF ANY)	
	SECTION 2: DETAILS OF	PARENT	/GUARDIAN	
	Parent/Guardian 1		Parent/Guardian 2	
Name:				
Maiden Name: (If Applicable)				
Address:				
Telephone no.				

Mother/Father/Guardian/Other

Mother/Father/Guardian/Other

SECTION 3 SCI	HOOL DETAI	LS: (Please provide details of the currnt	school attended by the student)			
Name of School:						
School Address:						
Reason for transfer application						
SECTION 4: STUDENT CODE OF BEHAVIOUR						
Please confirm that the Student Code of Behaviour is acceptable to you as a Parent/Guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if they secure a place in the school. Please note that the Code of Behaviour can be found at www.athycollege.ie or from the school office.						
Iconfirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if they secure a place in the school.						
IMPORTANT INFORMATION						
 In signing this application form, I confirm that I have provided the correct. If it is found that any of the information is incorrect, misleading, or incomplete, the application may be rendered invalid. Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application. For information regarding how your data is processed by the school and KWETB please contact Athy College. Online Applications also accepted and are available at www.athycollege.ie Please sign below to demonstrate that you have read and agree with the above information. Parent/Guardian:						
Application Forms t	o he sent to:	CONTACT DETAILS	FOR OFFICE USE ONLY			
Athy College,		E: mail@athycollege.ie	,			
Rathstewart.		T: (059) 8631663				

Application Forms to be sent to:	CONTACT DETAILS	FOR OFFICE USE ONLY	
Athy College,	E: mail@athycollege.ie		
Rathstewart,	Т: (059) 8631663	DATE RECEIVED:	
Athy,	F: (059) 8632211	SCHOOL STAMP	
Co. Kildare.		SCHOOL STAIVIP	