



# St. Peter's College Secondary School, Wexford Y35 P8WT

Office Telephone: (053) 91 42071 Web: www.stpeterscollege.ie E-Mail: office@stpeterscollege.ie

Principal: Mr John Banville Deputy Principals: Mr. Willie White; Mr. Mick Byrne

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## PRELIMINARY TRANSFER APPLICATION FORM

(Note: A transfer application only remains valid for the academic year that is relevant to the application)

Proposed Date to transfer \_\_\_\_\_ Present Year Group \_\_\_\_\_ Proposed Year Group to transfer to \_\_\_\_\_

Full Christian Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
(As on Birth Certificate) (As on Birth Certificate)

Date of Birth: \_\_\_\_\_ Student's PPS Number: \_\_\_\_\_

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

Mother's Full Name (Including Maiden Name) \_\_\_\_\_

Mobile Number: \_\_\_\_\_ (Please print clearly)

Mother's E-mail: \_\_\_\_\_  
(Please print clearly and in Block Capitals to avoid errors)

Mother's Home Address: (if different from above) \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ (Please print clearly)

Father's E-mail: \_\_\_\_\_  
(Please print clearly and in Block Capitals to avoid error)

Father's Home Address: (if different from above) \_\_\_\_\_

Is Brother a current or Past Pupil? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state brothers full name and relevant dates involved \_\_\_\_\_

Is Father a Past Pupil? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Year of Entry & Departure \_\_\_\_\_

Has your son any additional needs that you wish to make the school aware of?

(a) Special Educational Needs \_\_\_\_\_

(b) Medical Condition \_\_\_\_\_

(c) Any other relevant information \_\_\_\_\_

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Name & Address of current Secondary School \_\_\_\_\_

Please state briefly why you are applying for a transfer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disciplinary Report from present school (if applicable) Yes \_\_\_\_\_ No \_\_\_\_\_

**NB Pupils coming from another Post-Primary School must supply a Letter of Recommendation from the Principal of that school and three most recent School Reports.**

Letter of Recommendation received from School Principal: (attached) Yes \_\_\_\_\_ No \_\_\_\_\_

In the case of students wishing to transfer into 5<sup>th</sup> year please include Junior Certificate results: (attached) Yes \_\_\_\_\_ No \_\_\_\_\_

Three most recent School Reports: (attached) Yes \_\_\_\_\_ No \_\_\_\_\_

Subjects being studied at present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The school will acknowledge receipt of this Preliminary Application Form by returning a copy of same to the parent/guardian, stamped with the receipt date. If the parent/guardian does not receive this receipted copy back within 7 days of issue the onus is on the parent/guardian to contact the school.

I/We understand that this Preliminary Application Form DOES NOT GUARANTEE A PLACE for the applicant.

I/We understand that this Preliminary Application Form is only valid for the Academic Year indicated above.

I/We declare that all the above information is correct. I/We understand that it is my/our responsibility to notify the school, in writing, of any relevant changes that may arise in the future, i.e. address, phone numbers, proposed year of entry etc.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Parent / Guardian

The school's Admission Policy is reviewed by the Board of Management on an ongoing basis. A copy of this policy is available on request from the school or on the website or maybe inspected in the Office.

**For Official Use Only**  
Date Received: \_\_\_\_\_  
Processed by: \_\_\_\_\_