



Personal Details

Please complete all sections of the form in BLOCK CAPITALS

Student Name: _____ Address: _____ Present School: _____ Address: _____ Principal's Name: _____ Tel: _____ Previous School (s): _____ (if any)	Male <input type="checkbox"/> Female <input type="checkbox"/> Student PPSN: _____ Date of Birth: _____ Religion: _____ Nationality: _____ Home Tel: _____ Language spoken at home: _____
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1. Parent/Guardian's Details	2. Parent/Guardian's Details
Name: _____	Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Work Tel: _____	Work Tel: _____
Mobile No: _____	Mobile No: _____
Email: _____	Email: _____

Medical Details Family Doctor: _____ Tel: _____ Is there any medical condition(s) that the school needs to be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details: _____	Medical Card Holder? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state: Medical Card No. _____ Expiry Date: _____
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Mother's Maiden Name: _____

Number of Children in Family: _____
 Position of student in Family (1st, 2nd etc.) _____

Additional Emergency Contact Name: _____ Tel: _____

Subject Details Year Student: Currently enrolled in: _____ Applying to enrol in: _____	Please list subjects currently studied and propose to study at Mayfield CS – indicate levels O or H in the table below Note: O = Ordinary Level and H = Higher Level
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Subject	Current Level	Proposed Level	Subject	Current Level	Proposed Level

Report Card

Please attach COPIES of latest School Reports and Junior Cycle Results, if completed

Has student ever been sanctioned for failure to complete assigned homework? YES <input type="checkbox"/> NO <input type="checkbox"/>	Has student ever been permanently excluded From this school or any other school? YES <input type="checkbox"/> NO <input type="checkbox"/>
Has student ever been suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> Please give reasons for suspension: _____	IF YES: How many times was student suspended? _____ What was period of suspension(s) _____

Please state reason for student wishing to transfer to Mayfield Community School:

Additional Educational Needs

Does student receive, or has student ever received, Learning Support teaching in school? YES NO
If YES, please give details (e.g. withdrawal for extra help with English or Maths): _____

Does student receive any help for special needs in school? YES NO
If YES, please give details (e.g. a Special Needs Assistant, wheelchair user etc.): _____

Has student been assessed by an Educational Psychologist? (or other professional) YES NO
If YES, please attached COPY of Professional Report to this form

Does student have an official Dept. of Education Exemption from studying Irish? YES NO
If YES, please attach copy of the Exemption Certificate to this form
NB. Exemptions cannot be granted without evidence

Does student receive **English Language Support** (applicable only to non-nationals)? YES NO

Parent/Guardian Consent

Please ✓ tick boxes and sign below:

In accordance with the Department of Education & Skills' guidelines, the Board of Management must seek permission from parents/guardians in the following areas:

- DES Database**
I give permission for Mayfield Community School and the Dept. of Education & Skills to retain personal information about my child for purposes as outlined in DES Circular 0047/2010 (available at www.education.ie or on request from the school office)
- Data Sharing**
I give permission for Mayfield Community School to share relevant information with other educational agencies, e.g. NEPS
- School Website/Publications**
I give permission for the use of school related photographic images which include my son/daughter on the school website and in other publications.

Signature of Parent/Guardian: _____

Date: _____

School Policy Compliance Agreement**Please sign below:**

- I understand, accept and agree to the aims and rules of Mayfield Community School as stated in the school's Enrolment Policy ,and Code of Discipline and Behaviour (available from the school office on request)
- I agree to monitor my child's progress through the School Journal (replacement journal costs €5)

Signature of Parent/Guardian: _____**Date:** _____

- I understand, accept and agree to the aims and rule of Mayfield Community School as stated in the school's Enrolment Policy , and Code of Discipline and Behaviour

Signature of Student: _____**Date:** _____

Mayfield Community School reserves the right to contact previous school(s) for a copy of the student's school records

Mayfield Community School
Old Youghal Road
Mayfield
Cork Ph: 021 4506855
email: admin@mayfieldcs.ie

CHECKLIST—Please ✓ to ensure that you have included the following:

- PPS Number
- Copy of Professional Reports, if applicable
- Copies of 2 most recent School Report
- Student Reference Form