



**MAYFIELD COMMUNITY SCHOOL, CORK**  
**Scoil Phobail Ghort Álainn, Corcaigh**

**TRANSFER APPLICATION FORM**

**School Year 20\_\_ / 20\_\_**

Student First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Present School: \_\_\_\_\_

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

Principal's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Previous School(s): \_\_\_\_\_

(if any)

Male                      Female

Student PPSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Language  
spoken at home: \_\_\_\_\_

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: _____

**Personal Details**

Family Doctor: _____ Tel: _____	Medical Card Holder?    Yes No
Is there any medical condition(s) that the school needs to be aware of? Yes                      No	If <b>Yes</b> , please state: Medical Card No. _____
If <b>Yes</b> , please give details: _____	Expiry Date: _____



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**Medical Details**

Mother's Maiden Name: \_\_\_\_\_ Number of Children in Family: \_\_\_\_\_

\_\_\_\_\_

Position of student in

Family (1st, 2nd etc.) \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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 table below.

Note: O= Ordinary Level and H = Higher Level

**Subject Details**

Subject	Current Level	Proposed Level	Subject	Current Level	Proposed Level

***Please complete all sections of the form in BLOCK CAPITALS***

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



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**Report Card**

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

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

**Additional Educational Needs**

**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](http://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



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**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:** \_\_\_\_\_

**Parent/Guardian Consent**

**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

**School Policy Compliance Agreement**

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

**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 Reports

Student Reference Form