

## **Enrolment Application: Transfer Form 2024/2025**

(Non-First Years)

Year Applying For: _				
Student Details				
Student First Name				
Student Surname				
Home Address				
Eircode (required)				
Date of Birth				
Country of Birth				
Student PPS Number (required)				
Gender (required by Department of Education)	Male	Female		
Mother's Maiden Name				

Web: www.stmarysedenderry.ie Email: info@stmarysedenderry.ie App: stmarysedenderry Twitter: @SMESecondary Principal: Mr. E. McDonnell Deputy Principals: Ms. S. Ryan Mrs. B. Lawton Mr. T. Reehill



Parent/Guardian 1					
First Name					
Surname					
Relationship to child					
(mother/father/guar dian)					
Mobile Number					
Email address:					
Parent/Guardian 2					
First Name					
Surname					
Relationship to child					
(mother/father/guar dian)					
Mobile Number					
Email address:					
	n (r a)				
mergency Contact Deta	ils (In the case of b	eing unable	to contact	a parent)	
Name					
Mobile Number					
Relationship to Studen					



## **Family Details Continued**

Does the student		ers in the school <u>this</u> year? If so, please give
Name		
Year		
Name		
Year		
Name		
Year		
Is the student a s school	ibling of a <u>past pupil</u> ? If so	o, please give name (s) and year (s) finished
Name of Sibling		
Year Finished		
Name of Sibling		
Year Finished		
	hild/grandchild of a past ¡ • (s) and year (s) finished s	pupil of St. Mary's Secondary School? If so,
Name of Parent		
Year Finished		
Name of Parent		
Year Finished		

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<b>Current School Details</b>					
Name of Current School					
Roll Number of School					
(Available through a google search)					
Additional Educational Needs (Ple					
(Please note this is not general learning supp	T				
Are you applying for the Mild General	Yes				
Learning Difficulty Class					
Are you applying for the Moderate	Yes				
General Learning Difficulty Class	163				
General Learning Diriculty Class					
Are you applying for the ASC Class	Yes				
(Laochra Class)					
*ASC (Autism Spectrum Condition)					
If you are applying for any of	these classes, please include all				
	psychological and other relevant professional reports along with				
	nber of our SEN Team will get in				
contact with you. Your report must specify that your child requires					
a place in one of these classes.					
<del></del>					
This form may be returned to the main school office or by emailing					
it to enrolment@stmarysedenderry.ie					
Other school email addresses are not accepted thank you.					
,					
Please attach the child's latest school report with your application.					
You may be asked to attend an interview.					
**********	**********				
For Office Use Only					
Date Received					
Form Received by					