



St. Peter's College Secondary School, Wexford

Eircode: Y35 P8WT

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

Office Hours: 09:00 a.m. – 01:00 p.m. / 02:00 p.m. – 04:30 p.m.

Principal: Mr. Robert O'Callaghan

Deputy Principal: Mr. John Banville

PRELIMINARY APPLICATION FORM (Transfer of student from another Secondary School)

Proposed date of Entry to the college: _____ Proposed Year: _____

Full Christian Name: _____ Surname: _____
(As on Birth Certificate) (As on Birth Certificate)

Date of Birth: _____ Country of Birth: _____

Religious Denomination: _____ Birth Certificate Received Yes No
(Please forward original Birth Cert. a copy will be made and the original sent back to you)

Student's PPS Number: (Personal Public Service Number) _____
(This is required by DES, if you do not have this information please contact Children's Allowance Section)

Home Address: _____

Mother's Full Name (Including Maiden Name) _____

Daytime Telephone No: _____ Mobile Number: _____

Mother's Occupation: _____ Mother's E-mail _____
(Required for Statistical Returns to DES to be completed at discretion of respondents)

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

Father's Full Name: _____

Daytime Telephone No. _____ Mobile Number: _____

Father's Occupation: _____ Father's E-mail _____
(Required for Statistical Returns to DES to be completed at discretion of respondents)

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

Brother (s) Currently in College Yes _____ No _____ Name (s) _____

Is Father a Past Pupil? Yes _____ No _____ if yes, Year of Entry _____ Year of Departure: _____

Do you hold a Medical Card Yes _____ No _____

Has your son any conditions that the school should be aware of?

(a) Medical Condition _____

(b) Learning Difficulty _____

(c) Does he receive Learning Support or Resource Teaching at present: _____

(d) Was he granted an Exemption from Irish and if so why? _____

(e) Additional information (please mention special circumstances, etc.) _____

Name & Address of current Secondary School _____

Why are you moving your son now to St. Peter's College? _____

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 5th 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 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 Admissions 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 may be inspected in the office.

For Official Use only

Date Received: _____

Processed by: _____