

Cross & Passion College, Kilcullen, Co. Kildare Telephone: (045) 481524 Email: admin@cpckilcullen.com



Principal: Joe Leonard Deputy Principals: Aisling Reigh, Sabrina Mills

Transfer Application Form

Current School:	School Roll Number:
Current Year group:	
Year Group to which you are applying:	
Student Information	
Known as	
Forename:	Surname:
Birth Certificate – Name as appears on Birth Certificate	
Forenames:	Surname:
Date of Birth:	PPS No:
Gender: Male Female	Country of birth:
Mother's Maiden Name:	Religion:
Student's Address:	
Address 1:	Address 2:
Address 3:	Address 4:
County:	Eircode:
SUBJECTS CURRENTLY STUDIED S	UBJECTS REQUESTED
	
Does the student have a brother/sister attending Cross &	Passion College: Yes / No
If yes please give Name and Class:	
Does the student have a brother/sister who is a Past Pupi	l of Cross & Passion College: Yes / No
If yes please give Name and Year they Left:	
For Office Use Only: Birth Cert: Proof of Ad	dress: School Report: Copied:

Please use this space to tell us anything which w is strictly confidential e.g. health problems, med	vill help us in our understanding of this student. All information given lication, allergies, bereavement, separation etc.
Reason for transfer request:	
Parent/Guardian Details:	
Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
(If different to Student's)	(If different to Student's)
Mobile Number:	Mobile Number:
Home Number:	Home Number:
Email:	Email:
Past Pupil: Yes/ No	Past Pupil: Yes / No
If yes in what year did you leave	If yes in what year did you leave
Parents' Correspondence Title: Mr. & Mrs. / N	/lr. / Mrs. / Ms
Declaration	
	ss and Passion College. If my child is accepted for entry, I hereby
undertake for myself and for him/her to observe th	e rules and regulations of the school as outlined in the policies and
procedures available from the school office or webs	ite.
	fully, recent School Reports <u>must</u> be supplied with this application.
A full disciplinary record of the student may also be	requested from the previous school.
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	
Student Signature:	
The following documents must accompany	
Please tick documents supplied	
Child's Birth Certificate This must be	e the original version ONLY – Photocopies will not be accepted
	Electricity/Gas Bill, Landline Phone, Broadband - within 6 Months
of applicatio can <i>NOT</i> be a	n – Downloaded and Printed. Mobile Phone Bills/Bank Statements accepted.
	de a copy of the most recent school report of the applicant

PLEASE NOTE, IN THE EVENT OF BEING ADDED TO A WAITING LIST FOR A SCHOOL PLACE, THAT THIS TRANSFER APPLICATION IS VALID FOR THE ACADEMIC YEAR IN WHICH THE APPLICATION IS MADE ONLY.