Transfer Form Appendix ii of Enrolment / Admission Policy

St Augustine’s N.S

Murrisk

Westport

Co Mayo

Phone 098 64878 / email murriskns@gmail.com



Name of Child …………………………………………………………………………………

Address ………………………………………………………………………………..

Date of Birth ………………………………………………………………………………..

Religion ………………………………………………………………………………..

Previous Schools Attended & Dates:

 (a) ……………………………………….. From: ……………To: …………..

 (b) ……………………………………….. From: ……………To: …………..

 (c) ……………………………………….. From: ……………To: …………..

 (d) ……………………………………….. From: ……………To: …………..

Last Standard / Class Child was in …………………………………………………..

Reason for Transfer from Last School ……………………………………………………

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Progress Reports: Please List and Attach.

Any Psychological Assessments i.e. Health Boards: Please List and Attach.

Transfer Letter / Form Signed by Principal of Last School.