



**Scoil Ruáin**  
Killenaule



## STUDENT TRANSFER FORM 2026

The information provided on this form is confidential and will be retained, used and disclosed by Scoil Ruáin and Tipperary Education & Training Board in line with our Data Protection Policy

### Transfer for beginning of School Year 2026/27

Year Student will transfer in to: 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / TY / 5<sup>th</sup> / 6<sup>th</sup> (Please circle one)

#### Student Details

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: Male [ ] Female [ ]

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

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

Student PPS no: \_\_\_\_\_

\_\_\_\_\_

Medical Card Yes [ ] No [ ]

\_\_\_\_\_

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

\_\_\_\_\_

Member of Travelling Community Yes [ ] No [ ]

Sibling in school past or present: Yes [ ]

Sibling Names: \_\_\_\_\_

No [ ]

\_\_\_\_\_

#### Parent/Guardian Details (Mother)

#### Parent/Guardian Details (Father)

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_

Contact No. \_\_\_\_\_

Transfer forms must be returned to Scoil Ruáin



**Scoil Ruáin**  
Killenaule



Tipperary  
**ETB**  
Post-Primary

## STUDENT TRANSFER FORM 2026

### Current School Details

Name of Current School Attended: \_\_\_\_\_

Current Year of Study: \_\_\_\_\_

Please outline your reasons for wishing to transfer from your present school

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Please outline your reasons for choosing Scoil Ruáin

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The information given above is correct and complete to the best of my knowledge.

Signature Parent/Guardian

Signature: \_\_\_\_\_  
Parent/Guardian                      Parent/Guardian                      Student

Date: \_\_\_\_\_

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