



Dominican College

Taylor's Hill, Galway

School Transfer Request Form

This form is to be completed by the Parent(s)/Guardian(s) of students seeking to transfer from another post-primary school to Dominican College.

Name of Student: _____

Students' Date of Birth: _____

Students' Religion: _____

Name of Current School: _____

Year Student is in at Present: _____

Subjects Student is Currently Studying: _____

Please Outline your Reasons for Seeking a Transfer for your Child to Dominican College:

Was Your Daughter Ever Suspended or Excluded from school? Yes No

If Yes, Please Give Details

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

I give my consent to Dominican College to seek information from my child's previous or present school(s) in relation to this transfer request.

Signed:(Parent/Guardian) _____

Date: _____

Please forward this form, along with a photocopy of the student's two most recent term/examination reports and other relevant documentation to the Principal.