

# St. Attracta's Senior School

Meadowbrook - Dublin 16



# Scoil Shinsireach Naomh Athracht

Cluain Ghlaise - Áth Cliath 16

————— T. 01 2951627 Roll No. 19716B E. oifig@sasns.ie www.sasns.ie —————

## TO BE COMPLETED IF YOUR CHILD IS TRANSFERRING FROM ANOTHER SCHOOL

School Year \_\_\_\_\_

Child's Name \_\_\_\_\_

Name of Previous School \_\_\_\_\_

Principal's Name \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

What class was your child in when he/she left the school? \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you enclosed a copy of the most recent school report?    Yes     No

NOTE: We require reports from previous schools in order to meet the needs of your child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_