



## **Application Form for Transition Year 2019/2020**

**Student Name:** \_\_\_\_\_

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

**Mobile Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**3<sup>rd</sup> Year Class Group:** \_\_\_\_\_

**Language studied in 3<sup>rd</sup> Year** French  German  Neither

**Please answer the following questions with the assistance of your parents/guardian.**

**1. Give 3 reasons why you are applying for the transition year programme.**

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**2. What do you hope to gain from doing Transition Year?**

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**3. As a member of the TY class, I think I could make a positive contribution in the following way/s.**

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**4. What subject/s or activities would you like to see incorporated into the TY programme.**

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**12. Transition Year is an exciting but demanding year.**

- We expect all students to **volunteer** for many projects and opportunities available which can take place both during and outside of school time.
- We expect all students to continue to **maintain a high standard** of academic performance and be responsible for their own learning.
- We expect all students to have a minimum of **85% attendance** during the year.
- We provide all students with the opportunity to engage in different forms of **assessment and homework** and students are required to do this to the best of their ability.

**I am willing to participate in all aspects of the Transition Year programme.**

Yes  No

**13. Is there anything else you would like to add to enhance your application?**

**Parents**

**14. Why would you like your child to be considered for the TY programme?**

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**I am aware that if I do not fully participate in the programme the Transition Year co-ordinator and management can review my application at any stage throughout the year.**

**Student's Signature:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

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

**References**

**Please get two teachers to sign this form as a recommendation for you for TY. Your application will not be accepted without two signatures.**

Name of Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

**Medical Information**

Any medical conditions/allergies that the school need to be aware of? Yes  No

If yes, please include details below

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*Please note that if the medical condition of your son/daughter changes throughout the school year that you are required to contact the school and the TY coordinator to make changes to the above information.*

**Parent/Guardian Contact Details**

**Parents/Guardian Details (Mother)**

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

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

Contact Number: \_\_\_\_\_

**Parents/Guardian Details (Father)**

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

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

Contact Number: \_\_\_\_\_

Email address for school information and TY co-ordinator contact

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**This application form must be completed and returned to Ms Healy  
by Friday 22<sup>nd</sup> March at 12.00pm.**

**Late application may affect granting students a place on the programme.**

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**For school use:** Application on time? Yes  No

If no, please record date/time of submission: \_\_\_\_\_

Reason given for late submission: \_\_\_\_\_

Year Head/ Class Tutor consulted as to the student's suitability to the TY programme?

Yes  No

Name of Teacher: \_\_\_\_\_