

Transition Year application form 2026/2027 CLOSING DATE FOR RECEIPT OF APPLICATION FORMS, Monday December 15th, 2025 at 3.45pm. PLEASE RETURN FORMS TO RECEPTION

Dear Parent and Student,

Please consider carefully the reasons why you wish to apply for the Transition year programme in Gorey community school. Students should make a list of their reasons for wanting to do the programme and evaluate them with a parent before filling out the "Student application form".

When filling out the application, students must ensure that their application is:

- Legible and well presented.
- Fully completed.
- Signed and dated by the student and parent.
- Submitted with the other attached forms to reception by the deadline.

Please note the following:

- Late applications will be placed on a waiting list.
- Gorey community school reserves the right to refuse applications from students who are considered unsuitable for TY. Suitability will be considered in the light of behaviour and attendance.
- External applications will be considered subject to places.

Kind regards,	
Michael Finn	Rosario Martin
Principal	TY coordinator

GCS TRANSITION YEAR STUDENT APPLICATION FORM 2026/2027

Name of Student:				
Address:				
Date of Birth:	Current Class Tutor:			
Please complete the following questions in the spaces provide:				
Why do you want to do Transition Year?				
What personal qualities, talents, strengths can you offer to Transition year?				
3. Identify three goals that you would like to achieve du	ring Transition year.			

4. Explain how you believe TY would help you to achieve the goals you have identified.				
5. Identify what aspect of the TY programme appeals to y	you the most and why.			
6. List any extra-curricular activities you are involved in ir	n GCS.			
7.List any clubs, organisations, activities, hobbies, interest	sts you have outside of GCS.			
SIGNATURE OF PARENT/GUARDIAN:	Date:			
SIGNATURE OF STUDENT:	Date:			

STUDENTS WILL STUDY FIVE CHOICE SUBJECTS
STUDENT NAME:

Parent name and contact number:

Options - Please place numbers 1 to 8 in order of preference		
Subject		
Geography History Politics and Society German Spanish French Home Economics Science MICROSOFT OFFICE SPECIALIST (Fee of approx €100) Engineering Construction Studies Technology Design & Communication Graphics Business Studies/Student Enterprise Competitions Applied Maths Art, Craft & Design Classical Studies Music Japanese		

GOREY COMMUNITY SCHOOL, TY CONSENT FORM 2026/2027

Dear Parent/Guardian,

As part of the Transition Year Programme your child will be taking part in a variety of school organised modules, workshops, activities, charity events, community service, work experience, competitions, outings and trips. Some of these events may take place within the school, some may take place outside the school grounds. Some may involve travel either by foot or by bus to get to a venue.

Please sign the consent slip below to indicate that you have given your permission for your child's full participation in all of the possible events that the Transition Year Programme may offer them. If you have any questions, please do not hesitate to contact the school.				
Consent Form.				
I give my permission for (name of student)to attend and fully participate in any modules, workshops, activities, charity events, community service, work experience, competitions, outings and trips that have been organised as part of the Transition Year Programme.				
give permission for them to travel by foot or by bus to and from any of the above activities that have been organised as part of the Transition Year Programme.				
I give staff and those associated with the Gorey community school Transition year programme permission to seek medical attention for my child if necessary.				
Parent signature:				
Date:				
THE TY TRIP TO Petersburg CENTRE IS A COMPULSORY ASPECT OF THE GCS TY PROGRAMME				
PETERSBURG OUTDOOR EDUCATION CENTRE, TY CONSENT FORM OCTOBER 2026/2027				
TO BE COMPLETED BY PARENT AND SIGNED BY PARENT AND STUDENT				
STUDENT NAME:				

DATE OF BIRTH:

ADDRESS:
PARENT /GUARDIAN NAME:
PARENT/GUARDIAN MOBILE PHONE NUMBER:
NAME. ADDRESS AND CONTACT NUMBER FOR YOUR CHILD'S GP:
ANY MEDICAL CONDITIONS/CONCERNS WHICH STAFF NEED TO BE AWARE OF?
PLEASE LIST ANY MEDICATIONS YOUR CHILD WILL BRING TO PETERSBURG:
HAS YOUR CHILD HAD ANY RECENT SIGNIFICANT INJURIES/ILLNESSES?
DOES YOUR CHILD HAVE ANY ALLERGIES?
DOES YOUR CHILD HAVE ANY DIETARY REQUIREMENTS?

SWIMMING ABILITY-	PLEASE CIR	CLE AS APPROPR	IATE
STRONG	MEDIUM	WEAK	NONSWIMMER
DOES YOUR CHILD EX	(PERIENCE TRA)	VEL SICKNESS?	
ANY OTHER RELEVAN	T INFORMATION	l:	
			IBERS OF TWO OTHER PEOPLE ENCY.PLEASE ALSO INDICATE
THEIR RELATIONSHIP 1.		IN OF AN EMERC	ENOTE EEXILE ALEGO INDIGATE
2.			
CONSENT SIGNATURE	- PARENT:		
I ————————————————————————————————————	that they will part	 agree to allow my icipate fully in all act 	child to travel on the outdoor ivities throughout the trip and obey
the centre and school ru	les.		
Date:			
CONSENT SIGNATURE	E- STUDENT:		
centre I will show respe	ct and considerati		I travel to the outdoor education and staff accompanying me on the
trip, the staff at Petersbu	urg centre and all	of my fellow students	s from GCS.I will obey all school and sanctions apply during the trip.
Date:			