Transition Year 2024-25



Application Form

Please complete the following form with the assistance of your parents/ guardians
Name of Student:
Date of Birth:
Current (3rd Year) Class:
1. Why you want to do Transition Year and what you hope to gain from the year?
,
2. What qualities do you have which will contribute to making Transition Year in Athboy Community School a success?

 					
. Name TW	O areas/jobs of int	erest to you for	Work Experienc	e during this progra	mm
. What wou	ıld you consider to	be your greates	t strengths?		
. Details of	your contribution	to the school co	mmunity e.g. ex	tra-curricular	

ransitio	on year in Athboy Community School is an exciting but demanding year.
• W • W a	We expect students to <u>volunteer</u> for the many projects and opportunities available which can take place both during and outside school time. We expect students to continue to maintain high standards of academic erformance and be responsible for their own learning. We provide the opportunity for students to engage in a different style of learning and different forms of assignments and homework. Our attendance will count for your credits throughout the year
6. Are yo	ou ready and willing to take up these and other challenges that Transition Year ha
Yes No	
7. Do you Yes No	u have any medical conditions that the school need to be aware of?
f yes, plo	ease include details below
8 <u>. For Pa</u> Why wo	rents: uld you like your child to be considered for the TY programme?

9. Is there a	inything furthe	er you wish to	add to enhance	your application?	•
This applic	ation form mu		ed and returned ary 2024 at 4pm	to the school offi	ice by Tuesday 2