



Application form for Incoming First Years

YEAR OF ENTRY

FIRST
NAME:

SURNAME:

ADDRESS:

DATE OF
BIRTH:

COUNTRY OF
BIRTH:

RELIGION:

PRIMARY SCHOOL
ATTENDED:

PPS NO.

MOTHERS MAIDEN
NAME

SISTERS WHO ATTENDED OR ARE ATTENDING THE SCHOOL

PARENT'S/GUARDIAN'S DETAILS (FOR ALL CORRESPONDENCE)

NAME:

HOME

ADDRESS:

E.Mail

MOBILE NO:
(FOR TEXTING)

PLACE OF
WORK:

WORK NO:

HAS YOUR DAUGHTER HAD AN EDUCATIONAL ASSESSMENT?

(INCLUDE REPORTS IF APPLICABLE)

YES

NO

PLEASE SPECIFY ANY SPECIAL EDUCATIONAL NEEDS (INCLUDE REPORTS IF APPLICABLE):

DOES YOUR DAUGHTER HAVE AN EXEMPTION FROM IRISH?

(INCLUDE CERTIFICATE IF APPLICABLE)

YES

NO

DETAILS OF MEDICAL CONDITIONS:

(INCLUDE CERTIFICATE IF APPLICABLE)

NAME OF
DOCTOR:

MEDICAL CARD:

YES

NO

SIGNED:

DATE:

(PARENT/GUARDIAN)

We accept the characteristic Spirit of **Our Lady's College, Galway** and have read and signed the **Code of Behaviour**. The school data is a **Data Controller** under the **Data Protection Act 1998 and 2003**. The data contained here may be transmitted to **the Department of Education**, its agencies and other government agencies. On being offered a place in the school, the school will seek the transfer of relevant information from your daughter's Primary School to ensure the best educational outcomes for her in Our Lady's College, Galway.

This application form should be accompanied by a copy of a Birth or Baptismal Certificate