



**Our Lady's College  
Galway**

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## Application / Transfer Form

FIRST NAME:

SURNAME:

ADDRESS:

DATE OF BIRTH:

COUNTRY OF BIRTH:

RELIGION:

PRIMARY SCHOOL ATTENDED:

PPS NO.

SECONDARY SCHOOL ATTENDED:

PROPOSED CLASS:

IF EXCHANGE STUDENT, HOME ADDRESS:

### 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):

REASON FOR SEEKING TRANSFER:

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:   
(PARENT/GUARDIAN)

DATE:

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