

URSULINE COLLEGE, SLIGO

APPLICATION FORM 2019

STUDENT DETAILS:

1. SURNAME* _____ 2. NAME IN FULL (AS ON BIRTH CERT)*: _____
(UNDERLINE NAME NORMALLY USED)
3. DATE OF BIRTH*: _____ 4. COUNTRY OF BIRTH*: _____
5. ADDRESS*: _____
6. TELEPHONE: HOME: _____ MOBILE: MOTHER _____ / FATHER: _____
7. EMAIL MOTHER: _____ EMAIL FATHER: _____
8. P.P.S. NUMBER*: _____ 9. MEDICAL CARD* YES / NO (PLEASE CIRCLE)
10. RELIGION: _____ 11. MOTHER TONGUE*: ENGLISH/IRISH YES / NO (PLEASE CIRCLE)
12. PRESENT SCHOOL*: _____ CLASS: _____
13. HAS YOUR CHILD BEEN IN RECEIPT OF LEARNING SUPPORT* YES _____ NO _____ (PLEASE CIRCLE)
RESOURCE TEACHING* YES _____ NO _____ (PLEASE CIRCLE)
14. ALLERGIES OR HEALTH CONCERNS: _____
15. NAME OF SIBLINGS, RELATIVES, PAST OR PRESENT STUDENTS AT URSULINE COLLEGE.

PARENTS/GUARDIANS DETAILS:

1. FATHER'S NAME: _____
ADDRESS IF DIFFERENT FROM ABOVE: _____
2. MOTHER'S NAME*: _____ MAIDEN NAME*: _____
ADDRESS IF DIFFERENT FROM ABOVE _____

I AGREE TO ABIDE BY ALL THE SCHOOL'S REGULATIONS

SIGNATURE OF BOTH PARENTS/GUARDIANS _____

SIGNATURE OF STUDENT _____

DATE: _____

EMERGENCY CONTACT MOBILE NUMBER MUST BE AVAILABLE TO THE SCHOOL

INFORMATION DENOTED BY * IS REQUIRED BY THE DEPARTMENT OF EDUCATION AND SKILLS.