

# URSULINE COLLEGE, SLIGO

## APPLICATION FORM 2020

### 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.