

**URSULINE COLLEGE SLIGO**

 ***Website:***[***www.ursulinecollegesligo.ie***](http://www.ursulinecollegesligo.ie/)

 ***Email:*** ***info@ursulinecollegesligo.ie***

 ***Tel: 071 9161653***

# **APPLICATION FORM FOR FIRST YEAR GIRLS**

#  **2023/2024**

# ***Applicants should read the School’s Admission Policy which is available on*** [***www.ursulinecollegesligo.ie***](http://www.ursulinecollegesligo.ie) ***prior to completing this form***

|  |
| --- |
| **Student Details** |
| \* Surname: | \* Name on Birth Cert |
| \* Date of Birth: | \* PPSN |
| \* Home Address:Eircode: |  Religion:  |
|  Nationality: |
|  Mother Tongue - English Yes No |
|  Medical Card: Yes No |
| Does your daughter have any health concerns: Yes NoIf “Yes” please specify: | Allergies: Yes NoIf “Yes” please specify:  |

|  |  |
| --- | --- |
| Name of the primary school your daughter attended: | Has your daughter been granted an Irish Exemption in Primary School: Yes No |

|  |
| --- |
| Has your daughter been in receipt of Learning Support in Primary School? Yes NoPlease Specify: |
| Has your daughter been in receipt of Resource Teaching in Primary School? Yes NoPlease Specify: |

|  |
| --- |
| **Parent/Guardian Details** |
| \* **Mother’s Name:**  | \* **Father’s Name**: |
| \* **Maiden Name** : | \* **Surname:** |
| \* **Mother’s Mobile:** | \* **Father’s Mobile:** |
| \* **Mother’s email:** | \* **Father’s email:** |
| \* **Address:** **Eircode:** | \* **Address (if different) :** **Eircode:** |

|  |
| --- |
| **Other Details**  |
| **Name & Class of sister(s) currently at UCS:**

|  |  |
| --- | --- |
| **Name** | **Class** |
|  |  |
|  |  |
|  |  |

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| **Name of sister(s) who completed their studies at UCS:**

|  |  |
| --- | --- |
| **Name** | **Year (Left UCS)** |
|  |  |
|  |  |
|  |  |

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| **Any other information that may be relevant to your daughter’s application:**  |
|  |

|  |
| --- |
| **I agree to abide by all the school’s rules and regulations** |
|  **Name**  | **Date** |
| Signature of Student: |  |
| Signature of Parent/Guardian: |  |
| Signature of Parent/Guardian: |  |

**Thank You for your Application.**

Notes for completion of form

* Information denoted by \* is required by the Department of Education & Skills
* Please note that we use emails regularly to correspond with parents, please supply at least one email.
* Please update the school if you change your address, email or phone number.

Completed forms must be either emailed to

info@ursulinecollegesligo.ie

or posted back to the school at the following address:

 **Ursuline College**

**Finisklin, Sligo, F91FW54.**

**F91 FW54**

*The information requested on the application form is required in order to process your application for admission to the school and will be treated confidentially and processed in line with the School’s Admission Policy.*

*Any personal data provided on this form will be used to (i) identify applicants (ii) process an application in line with the school’s admissions policy (iii) communicate with parents/guardians in respect of an application (iv) notify parents/guardians of the outcome of an application.*

*The information will be retained for an appropriate period thereafter to address any potential queries arising from the application process or added to the student’s school file in the case of successful applicants.*

*In accordance with section 66(6) of the Education Act 1998, as amended, personal data relating to applications for admission may be shared with the board of management of another school or the patron in order to facilitate the efficient admission of students. This information may include the date on which an application was received by the school, the date on which an offer was made and the date on which an offer was accepted. Personal information concerning applicants may also be shared, including their name, address, date of birth and PPS number.*

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