

URSULINE COLLEGE, SLIGO

APPLICATION FORM

STUDENT:

1. SURNAME* :
2. CHRISTIAN NAMES IN FULL* :
(UNDERLINE NAME NORMALLY USED)
3. DATE OF BIRTH:*ENCLOSE BIRTH CERTIFICATE _
4. ADDRESS* :
5. TELEPHONE: HOME:
- MOBILE: Mother / Father

Emergency mobile number must be available to the school

6. P.P.S. NUMBER:* MEDICAL CARD* YES / NO
7. COUNTRY OF ORIGIN* RELIGION.....
8. PRESENT SCHOOL * CLASS:
9. HAS YOUR CHILD BEEN IN RECEIPT OF LEARNING SUPPORT* YES NO
RESOURCE TEACHING* YES NO
10. NUMBER OF CHILDREN IN FAMILY: PLACE IN FAMILY:
11. HEALTH REPORT:
12. **NAME** OF RELATIVES, PAST OR PRESENT STUDENTS AT URSULINE COLLEGE.
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PARENTS/GUARDIANS:

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

* (This information is required by the Department of Education and Skills.)

I AGREE TO ABIDE BY THE SCHOOL'S REGULATIONS

SIGNATURE OF BOTH PARENTS/GUARDIANS

..... DATE:

SIGNATURE OF STUDENT