



MERCY COLLEGE, WOODFORD, CO. GALWAY

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PRINCIPAL: LIAM CONWAY

DEPUTY PRINCIPAL: LYNDA MANN

FIRST YEAR APPLICATION FORM

Student Details

Student Name: (as on Birth Certificate) _____

Address: _____

_____ Eircode: _____

Date of Birth: _____

PPS No: _____

Gender: _____

Religion: _____

Nationality: _____

Family Details

Mother's Name: _____

Mobile No: _____

Mother's Maiden Name: _____

Fathers Name: _____

Mobile No.: _____

Designated mobile number for school apps and communications: _____

Additional phone number (in case of emergency): Name: _____ Number: _____

E-Mail Address for notifications: _____

Brothers or sisters in Mercy College Woodford: _____

Educational Details

Name of Primary School attended _____

Does your son/daughter have any special educational needs: Yes _____ No _____

If 'Yes' what are these needs?

Please complete overleaf



If 'Yes' has he/she been assessed by an Educational Psychologist? Yes _____ No _____

Did he/she receive Learning Support/ Resource classes in Primary School Yes _____ No _____

Does he/she have an Irish exemption? Yes _____ No _____

Please forward Educational Psychologists Report to us with the Application Form (if applicable). Please sign here to give your permission for the SEN Department in Mercy College Woodford to contact relevant professional bodies and your child's existing primary school to obtain relevant information in relation to your child's educational, behavioural and developmental needs.

Signed: _____ Date _____

Medical Details

Does your son/daughter have an allergy/medical condition that we need to be aware of?

Yes _____ No _____

If Yes, please attach a brief outline of medical condition(s), signs & symptoms, medicine, treatment and name and phone number of your child's doctor, to this form.

General Information

What are your son/daughter's hobbies/interests?

Completed Application Forms should be returned by **Friday November 17, 2023** to The Principal, Mercy College, Woodford or by email to secretary@mercycollegewoodford.ie

This form must be accompanied by the long form of the child's Birth/Adoption Certificate.

PPSN NO is required by the Department of Education & Skills, for all students, and is available to parents/guardians from (01) 7043000

If school transport is required, please apply online at www.buseireann.ie

Signed:Applicant Date

Signed:Parent/Guardian Date

Signed:Parent/Guardian Date