

COLÁISTE MHUIRLINNE/MERLIN COLLEGE GALWAY

Foirm Iarratais / Application Form



WHAT YEAR DO YOU HOPE TO ENROL YOUR CHILD IN ?

STUDENT PROFILE

NAME	
ADDRESS	
DATE OF BIRTH	
AGE	
PPS NO.	
PASTIMES/ HOBBIES	

PRIMARY SCHOOL

NAME OF SCHOOL	
CURRENT CLASS	
YEAR CHILD BEGAN PRIMARY SCHOOL	DETAILS:
DOES YOUR CHILD RECEIVE SNA SUPPORT?	DETAILS:
DOES YOUR CHILD RECEIVE RESOURCE HOURS?	DETAILS:
DOES YOUR CHILD HAVE EDUCATIONAL ASSESSMENT REPORTS?	DETAILS: DIAGNOSIS IF ANY:
IN WHAT SCHOOL YEAR DID YOUR CHILD STOP STUDYING IRISH?	ONLY ANSWER IF YOUR CHILD DOES NOT STUDY IRISH EXAMPLE: (2007) FIFTH CLASS..
IS YOUR CHILD EXEMPT FROM STUDYING IRISH?	DETAILS OF EXEMPTION: YEAR, BY WHOM ETC.

FAMILY

MOTHER/ GUARDIAN NAME	
MOTHER'S MAIDEN NAME	
OCCUPATION	
MOBILE PHONE	
E- MAIL	
FATHER/ GUARDIAN	
OCCUPATION	
MOBILE PHONE	
E-MAIL	
CHILDREN	
NO. of CHILDREN IN FAMILY	
POSITION OF APPLICANT IN FAMILY	
ANY BROTHERS / SISTERS ATTENDING COLÁISTE MHUIRLINNE?	THEIR NAMES:

MEDICAL

DOCTORS NAME			PHONE:			
MEDICAL CONDITIONS						
DOES CHILD HAVE A MEDICAL CARD?	YES		MOTHER/ GUARDIAN MEDICAL CARD HOLDER	YES		
	NO		FATHER/ GUARDIAN MEDICAL CARD HOLDER	NO		

OTHER

RELIGIOUS AFFILIATION (IF ANY)		
NATIONALITY OF CHILD		
NATIONALITY OF FAMILY		LANGUAGE SPOKEN AT HOME
MEMBER OF TRAVELLING COMMUNITY	YES	NO

SIGNATURE OF MOTHER/ GUARDIAN:.....

SIGNATURE OF FATHER/ GUARDIAN:.....

SIGNATURE OF STUDENT:.....

Please enclose copy of child's birth certificate and 2 passport Photographs

NB: This application form denotes an expression of interest only in a place for your child at Coláiste Mhuirlinne. It is not an offer of acceptance and must not be considered as such. The enrolment process begins on Open Night for each academic year. Information may be requested and given to Government Departments.

John Cleary (Principal) Coláiste Mhuirlinne/MerlinCollege,Doughiska, Galway **Tel:** 091-769 000 **e-mail** john.cleary@gretb.ie **or go to** www.merlincollege.ie, or www.facebook.com/merlincollege