

Application Form



For Incoming First Years Only

In What Year Do You Hope To Enrol Your Child :

Student Profile :

Name	
Address for Correspondence	
Parents Email	
Eircode	
Date of Birth	
Age	
PPS Number	
Pastimes / Hobbies.	

School Details:

Name of Primary School:	
Current Class :	
Year Child Began In This 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 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 Other / Guardian Name :	
Mother Maiden Name	

Mobile Phone	
E- Mail	
Father / Guardian :	
Mobile Phone	
E-Mail	
Children	
No. Children In Family	
Position Of Applicant In Family	
Any Brothers / Sisters Attending Coláiste Mhurilinne ?	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:		
Nationality Of Child		
Nationality Of Family		Language Spoken At Home

Signature of Mother / Guardian:

.....

Signature of Father / Guardian:

.....

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 Mhurilinne /Merlin College. 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.

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

Code Of Behaviour / Anti – Bullying Policy

Please Note: If offered and you accept a place at Coláiste Mhuirinne/ Merlin College for your son/ daughter it is inferred that you comply with the school's Code of Positive Behaviour which also includes our Anti- Bullying policy. It is available to read on www.merlincollege.ie. A copy of the policy will also be made available to read at the school upon request.

SUMMARY:

If offered a place The Code of Positive Behaviour must be read and the compliance letter signed by you and your child before your son/ daughter can be accepted in our school.

Once you sign the offer of acceptance form and the Code of positive behaviour form it will be considered that your child has a place in our school for 2016/17.

Personal Data on this Form

Galway and Roscommon Education and Training board is registered as a Data Controller under the Data Protection Acts 1988, 2003 and 2018. The Personal data supplied on this form is required for the purposes of student enrolment, registration, administration, child welfare and to fulfil other legal obligations. Contact details may also be used to notify you of school/ GRETB events or activities. While the information provided will generally be treated as confidential to GRETB, from time to time it may be necessary for us to exchange personal data on a confidential basis with other bodies including the Department of Education & Science, the Department of Social & Family Affairs, An Garda Síochána, the Health Service Executive, the National Educational Welfare Board or with another school (where the student is transferring). We rely on parents/ guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should a parent/ guardian wish to update or access their own or their child's personal data they should write to the school Principal.

NOTES: Data supplied in this form comes under the terms of the Data Protection Acts 1988 & 2003 & 2018 and the Freedom of Information Act 1997. This data is retained for use by the school & the Dept. of Education & Skills. I have read and understand the Admissions Policy as available on www.merlincollege.ie. It is my responsibility to ensure the college has up to date contact details for my family during the duration of my son's/daughter's time in the college.

Signature of Parent/ Guardian: _____ Date: _____

Office Use Only Date & time received:

Date Stamp

Voluntary Contribution:

Please Note that Voluntary Contribution Fees are non-refundable