**Our Lady of Mercy Secondary School**



Bóthar Mhóirne

Droimneach

Baile Átha Cliath

Mourne Road

Drimnagh

Dublin 12

***Telephone: (01) 455 4691*** *Fax: (01) 455 6049*  ***E-mail:*** admin@olmdrimnagh.com

***Website:***[www.olmdrimnagh.com](http://www.olmdrimnagh.com)

|  |  |
| --- | --- |
| **Application Form 2021-2022For entry to 1st Year** | Date/time received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ For office useForm checked and complete: 🞏\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_🞏 Options 🞏 SEN 🞏 Reports 🞏 Irish.Ex 🞏 ConsentDate application complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date notification due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Completed form to be returned please to the School Office Manager  |

***Note: Completing this form does not guarantee admission. All fully completed applications received by the closing date will be processed in line with our Admissions/ASD Policy and parents advised as soon as possible.***

**Student details** *\** ***indicates an item required by Dept.Education & Skills for their records***

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | \* | Address: |  |
| First name/s: | \* | Email: |  |
| Date of Birth: | \* | Mother’s Maiden Name: | \* |
| PPSN: | \* | Student’s Nationality: | \* |
|  *If you don’t know your child’s PPSN, you should be able to get it from your Social Welfare Local Office, or by phone from 01- 704 3281.* |

|  |  |  |
| --- | --- | --- |
| **Prior links with this school (if any)** | **Name/s** | **Years attended** |
| Brother/sister currently attending? |  |  |
| Brother/sister a past-pupil ? |  |  |
| Parent a past-pupil? |  |  |

|  |  |
| --- | --- |
| **Present School** \* | *If not listed on the left, please detail below* |
| *If one of the following, please tick:* Roll No. ⬜ Good Counsel **Boys SNS**, tel.455 1672 19669 S ⬜ Good Counsel **Girls SNS**, tel.455 7011 17355 I  | School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# School Roll No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| # You may find the primary school’s phone number and Roll No. on your child’s School Journal, or on letters from the school, or ask the school to tell you. (Roll Numbers look like “12345A” – ie, five numerals followed by a single letter.) |

**Parent /Guardian Details**

|  |  |  |
| --- | --- | --- |
| **1** | Name: | Contact phone No: |
| (please circle) Father/ Mother/ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: |
| **2** | Name: | Contact phone No: |
| (please circle) Father/ Mother/ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: |

**Other background information**

|  |  |
| --- | --- |
| Medical Card No (if any): | Medical card valid until (date)? |
| **Has you child any special needs we should know about ?** ⬜ Yes ⬜ No*(eg, physical disability, hearing or sight problems, asthma, diabetes, allergies, etc)* |
| **Does your son/daughter receive learning support in primary school:** ⬜ Yes ⬜ No |
| **Has your child every had a psychological or other specialist assessment ?** ⬜ Yes ⬜ No*If yes, we may ask you later for your permission for OLM to see a copy of that report.* |
| **Has you child been given a formal exemption from Irish ?** ⬜ Yes ⬜ No ⬜ Unsure*If you tick Unsure we will check with the primary school for you.*  |
| **Any other relevant information it might be helpful for us to know ?** ⬜ Yes ⬜ No*(eg, bereavement, divorce/separation, adoption, trauma, etc)* |

|  |
| --- |
| ***Please✓ below when completed OLM = Our Lady of Mercy Secondary School*****🞏** I have checked that all sections on page-1 of the form overleaf have been completed.**🞏** I give consent for OLM to collect general information, both verbal and written, from the primary school about my child as a learner, including an Irish exemption certificate if there is one. *If that school has any psychological or other specialist reports, these will not be passed to OLM at this time. That would require a further specific consent from yourself which we would request later.***🞏** Deposit of €100 to ensure a place in Book Rental Scheme and Administration Charges.**🞏** I confirm that all of the information supplied is complete and correct.**Signature of Parent/Guardian/s:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |