

OUR LADY OF MERCY SECONDARY SCHOOL

Mourne Road
Drimnagh
Dublin 12



Bóthar Mhóirne
Droimneach
Baile Átha Cliath

Telephone: (01) 455 4691

Fax: (01) 455 6049

E-mail: admin@olmdrimnagh.com

Website: www.olmdrimnagh.com

Application Form 20__-20__

for entry to Year - 2nd 3rd 4th 5th 6th

Please circle above and tick below

Junior Cert Leaving Cert LC Applied

Date/time received: _____ *For office use*

Form checked and complete: _____

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: *		

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

School Name: _____

School Phone No: _____

For office use:

Primary School attended

School Name: _____

School Phone No: _____

For office use:

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:

Reason for application

Please explain why you are applying to OLM for a place for your child at this time.

Subjects and levels at present:

Subject	Level	Subjects continued....	Level
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

Other references

Please give contact details for persons (from in a local youth club, sports club, or similar, or a person of standing in the community) who would be willing to provide a reference for your child:

Report from current school – or most recent school attended

Please ask the principal of that school to complete this part of the form for you.

Pupil's Name _____ **DOB:** _____ **PPSN:** _____

Dates attended: from _____ to _____

Attendance: Total number of days attended _____ out of a possible total of _____ days.

Total number of lates _____ over a period of _____ weeks.

Please comment on each of the following:

- Attendance & punctuality
- Discipline record
- Academic standard
- Parent-school relationship
Positive? Yes No

A copy of the two most recent **school reports** dated _____ and _____ are attached.

Reasons for leaving:

Any further information:

Irish exemption: Yes No

Resource support: Yes No

*Please feel free to contact the OLM Principal Mr. Padhraic Gibbons on 01-455 4691
if you have need to discuss any of the above.*

Signed _____ **Date** _____
Principal **Date**

Roll No: _____

SCHOOL STAMP

Please return to **Principal,**
Our Lady of Mercy Secondary School,
Mourne Road, Dublin 12.

Other background information

Medical Card No (if any):

Medical card valid until (date)?

Are there any medical issues that this school needs to be aware of? Yes No
(eg, asthma, diabetes, allergies, etc)

Has your child any special needs we should know about ? Yes No
(eg, physical disability, hearing or sight problems, etc)

Did your son/daughter received learning support

in primary school: Yes No

at 2nd level: Yes No

Has your child every had a psychological or other specialist assessment ? Yes No

If yes, please attach a copy of the report.

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 of the form have been completed.
(Essential information for your application to be considered.)
- On _____ (date) I requested the principal of my child's current school to complete and return a report to OLM. I am aware that this application will not be processed until all such information has been received in OLM.
- I give consent for OLM to collect general information, both verbal and written, from previous schools which my child has attended, including an Irish exemption certificate if there is one.
- If those schools have any psychological or other specialist reports about my child, I consent to copies of all such reports being given to OLM.
- I confirm that all of the information supplied is complete and correct.

Signature of Parent/Guardian/s: _____

Date: _____