

OUR LADY OF MERCY SECONDARY SCHOOL

Mourne Road
Drimnagh
Dublin 12



Bóthar Mhóirne
Droimneach
Baile Átha Cliath

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<h2>Application Form 2024-2025</h2> <h3>For entry to 1st year</h3>	Date/time received: _____ <i>For office use</i> Form checked and complete: <input type="checkbox"/> _____ <input type="checkbox"/> Options <input type="checkbox"/> SEN <input type="checkbox"/> Reports <input type="checkbox"/> Irish.Ex <input type="checkbox"/> Consent Date 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:	*	Gender:	*
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 *		<i>If not listed on the left, please detail below</i>
If one of the following, please tick: <input type="checkbox"/> Good Counsel Boys SNS , tel.455 1672 <input type="checkbox"/> Good Counsel Girls SNS , tel.455 7011	Roll No. 19669 S 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 ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(eg, physical disability, hearing or sight problems, asthma, diabetes, allergies, etc)</i>	
Does your son/daughter receive learning support in primary school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child every had a psychological or other specialist assessment ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, we may ask you later for your permission for OLM to see a copy of that report.</i>	
Has you child been given a formal exemption from Irish ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If you tick Unsure we will check with the primary school for you.</i>	
Any other relevant information it might be helpful for us to know ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(eg, bereavement, divorce/separation, adoption, trauma, etc)</i>	

<i>Please ✓ below when completed</i>	<i>OLM = Our Lady of Mercy Secondary School</i>
<input type="checkbox"/> I have checked that all sections on page-1 of the form overleaf have been completed.	
<input type="checkbox"/> 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. <i>If that school has any psychological or other specialist reports, these will <u>not</u> be passed to OLM at this time. That would require a further specific consent from yourself which we would request later.</i>	
<input type="checkbox"/> Deposit of €150 to ensure a place in Book Rental Scheme and Administration Charges.	
<input type="checkbox"/> I confirm that all of the information supplied is complete and correct.	
Signature of Parent/Guardian/s:	_____
Date:	_____