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|  | Mercy College, Woodford, Co. Galway Tel: (090) 9749076 Fax (090) 9749355  **Website**: www.mercycollegewodford.ie **E-mail**: admin@mercycollegewoodford.ie  **Principal:** **Loreto Quinn-Canning M.A. H.D.E Deputy Principal:** **Paul Collins M.A. H.D.E.** |

## **FIRST YEAR APPLICATION FORM 2016/2017**

**STUDENT’S NAME IN FULL** ……………………………………………… Age…………

(as on Birth Certificate)

ADDRESS …….………………………….. NATIONALITY ……………………..

………..………………………. GENDER M/F ..…………………..

…..……………………………. RELIGION ………………………..

………………………………… PRIMARY SCHOOL .……………………

PPSN NUMBER ………………………….. DATE OF BIRTH …...…….……………..

TELEPHONE NUMBER 1…………………………… 2 …………………………………….

EMERGENCY TEL. NO 1…………………………… 2 .……………………………………

MOTHER’S NAME …. ……………………… FATHER’S NAME …………....................

MOTHER’S MAIDEN NAME: ………………………. MEDICAL CARD: YES/NO

BROTHERS OR SISTERS IN MERCY COLLEGE

…………………………………………………………………….

INTERESTS/HOBBIES .…………………………………………………………………

SIGNATURE OF APPLICANT..…………………………………………………………….

SIGNATURES OF PARENTS/GUARDIANS

1 ……………………………………… 2 ……………………………………….

**Book lists will be sent to all applicants in June 2016.**

Completed application forms should be returned by March 4th 2016 to The Principal, Mercy College, Woodford.

This form must be accompanied by the long form of the Child’s Birth/Adoption Cert. Baptismal Cert is not acceptable.

For further information please contact us at the above number.