



# Colaiste Muire Máthair

St. Mary's Road, Galway

Phone: 091 522369

Enquiries: info@cmmg.ie

www.cmmg.ie

## REFERENCE FORM

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PPS NUMBER: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ GENDER: \_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

Email address for correspondence: \_\_\_\_\_

SIBLINGS IN THE SCHOOL PAST OR PRESENT: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

CURRENT YEAR: \_\_\_\_\_ YEAR BEING APPLIED FOR: \_\_\_\_\_

*To be filled in by current school:*

### ATTENDANCE:

Number of days missed in 2025-2026: \_\_\_\_\_

Satisfactory explanation for absenteeism: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Punctuality: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Behaviour:**

Ability to comply with School Code of Behaviour: \_\_\_\_\_  
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**Attitude to Teachers:** \_\_\_\_\_

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**Attitude to Other Students:** \_\_\_\_\_

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**In Class Behaviour:** \_\_\_\_\_

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**General Behaviour:** \_\_\_\_\_

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**Application to Studies:**

**Academic Report outlining candidates progress in all her subjects to be submitted along with this Reference**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_