

Mercy College

St. Brendan's Drive, Dublin 5. Telephone: 018480888 Fax: 018480163
www.mercycoolock.ie info@mercycoll.ie



APPLICATION FORM FOR ENTRY – EXCHANGE PLACEMENT

Daughter's Name:		
Daughter's Home Address:		
Date of Birth:	Place of Birth:	
Dublin Address (if known):		
Religion:	Student PPS Number if relevant:	
Current School and Address:		
Requested year of entry to Mercy College:		
Parent(s)/Legal Guardian(s) Names:		
Mother's signature:	Father's signature:	
Contact Numbers: <i>Please include a number which is accessible in case of emergency.</i>	Home:	Mobile 1:
	Work:	Mobile 2:
e-mail address:		
Reason for requesting transfer:		
Names of family members who are/have been students of Mercy College, if relevant:		
Hobbies & Interests:		
Has your daughter received learning support in previous school? If yes, please specify subject supported, e.g. English, Maths		
Does your daughter have an official exemption from Irish, as per guidelines of the Department of Education & Science?		
Subjects in current secondary school (please include a copy of most recent report if available):		

A COPY OF BIRTH CERTIFICATE WILL BE REQUESTED OR MAY BE ATTACHED TO THIS FORM THIS IS USED TO CONFIRM THE AGE OF THE STUDENT