



Mercy Secondary School Kilbeggan

APPLICATION FOR TRANSITION YEAR PROGRAMME 2020/2021

NAME _____ CLASS _____

I wish to apply for a place on the Transition Year Programme 2020/2021
Please respond to the following:

1. Why I am applying for the Transition Year programme:

2. How I would benefit from doing the Transition Year course:

3. As a member of the T.Y. class, I think I could make a positive contribution in the following way:

4. I am willing to participate in all aspects of the Transition Year programme YES NO

If NO, please give reason(s). _____

Payment towards TY Costs

I enclose €100 towards TY Costs Cash Cheque Please tick

(Course Fee will be refunded if you do not get a place on the TY Programme.)

N.B. (Please ensure you receive a receipt of payment from the Office)

STUDENT'S SIGNATURE _____ CLASS _____

PARENT'S SIGNATURE _____ TELEPHONE _____

DATE _____

CLOSING DATE FOR APPLICATIONS: Friday 20th MARCH 2020

Office Use Only : Date Received _____ Initials _____