

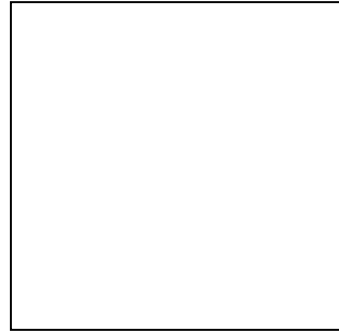


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# ENROLMENT FORM



2 X PASSPORT SIZE PHOTOS

**STUDENT DETAILS:** Year of entry: 20\_\_\_\_\_

**Year Group:** \_\_\_\_\_

(1<sup>st</sup> yr/2<sup>nd</sup> yr/3<sup>r</sup> yr/4<sup>th</sup> yr/5<sup>th</sup> yr/6<sup>th</sup> yr)

**STUDENT NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

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

**PPSN:** \_\_\_\_\_

**Medical Card:** Yes  No

**Nationality:** \_\_\_\_\_

**Religion** \_\_\_\_\_

**Mother's  
Maiden Name** \_\_\_\_\_

**EDUCATION HISTORY:**

**Primary School:** \_\_\_\_\_

**Secondary School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Roll Number:** \_\_\_\_\_

**Roll Number:** \_\_\_\_\_

**PARENT/GUARDIAN DETAILS:**

**Mother's full name:** \_\_\_\_\_

**Father's full name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Landline:** \_\_\_\_\_

**Landline:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**\*Nominated Contact Person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: H: \_\_\_\_\_ MOB: \_\_\_\_\_

**Addresses to which reports should be sent:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**EDUCATIONAL NEEDS**

**HAS YOUR DAUGHTER BEEN DIAGNOSED AS HAVING ANY OF THE FOLLOWING?**

PLEASE TICK

	YES	NO
Physical disability		
Visual impairment		
Hearing impairment		
General learning disability		
Specific learning disability		
Speech or language disability		
Emotional or behavioural disability		
Autistic spectrum disorder		

Has your daughter been assessed by a psychologist/specialist Yes  No

If yes please complete the following:

Name of organisation (NEPS, CAMHS) \_\_\_\_\_

Date of assessment: \_\_\_\_\_

**You will need to provide a copy of the assessment with this form**

Is your daughter in receipt of learning support? Yes  No

If yes give details of this support: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your daughter suffer from any medical condition? Yes  No

If yes please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your daughter have a Special Needs Assistant? Yes  No

Does your daughter study Irish in Primary School? Yes  No

If not, does your daughter have an Irish Exemption? Yes  No

**If yes, a copy of the exemption must accompany this application**

Do you have a daughter in this school ? Yes  No

If yes please give name/s and year/s: Name: \_\_\_\_\_ Year \_\_\_\_\_  
Name: \_\_\_\_\_ Year \_\_\_\_\_

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Mother's signature: \_\_\_\_\_

Father's signature: \_\_\_\_\_

OR

Guardian's signature: \_\_\_\_\_

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

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