

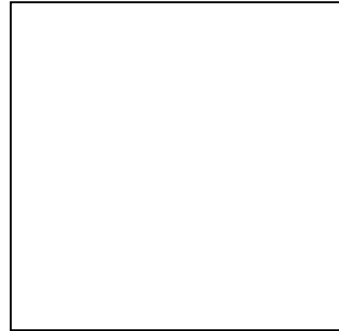


Loreto College
Crumlin Road
Dublin 12
Tel: 454 2380

E-mail: secretary@loretocrumlin.ie

Website: www.loretocrumlin.ie

ENROLMENT FORM



2 X PASSPORT SIZE PHOTOS

STUDENT DETAILS: Year of entry: 20 _____

Year Group: _____

(1styr/2ndyr/3rdyr/4thyr/5thyr/6thyr)

STUDENT NAME: _____

DOB: _____

ADDRESS: _____

PPSN: * _____ *Do not leave blank

EIRCODE: _____

Medical Card: Yes No

Nationality: _____

Religion _____

1st Language: _____

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: I authorise Loreto College Crumlin to retain my Data in accordance with Loreto College, Crumlin GDPR Policy: Please tick to confirm acceptance []

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 _____

TO WHOM IT MAY CONCERN

I give my consent for a copy of my daughter's records to be given to Loreto College Secondary School.

Signed: _____

Name of daughter: _____

Date: _____

Data Protection: I consent to Loreto College Crumlin retaining this Data in accordance with Loreto College, Crumlin GDPR Policy. Please tick to confirm acceptance and sign below []

Mother's signature: _____

Father's signature: _____

OR

Guardian's signature: _____

Date: _____
