ENROLMENT FORM

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Loreto College, Crumlin Road D12E196

Tel: 01 454 2380 F-mail: secretary@loretocrumlin is

/ebsite: <u>www.loretocru</u>	imin.ie	Please provide 2 x Passport-size photo			
L. Student Details	Year of entry (Please tick)): 2021 2022			
Please complete all secti	ions below				
Student Name:		Date of birth:			
Address:	PPS	N:			
	Whi	ich year group is being applied for?			
	Mot	ther's Maiden name:			
Eircode:					
Nationality:	First	First language:			
Education history					
Primary School:	Second	dary School:			
,		Address:			
Roll No.:	Roll No				

Contact Priority 1	Contact Priority 2
Relationship to student: (Mother, Father, Guardian, Other)	Relationship to student: (Mother, Father, Guardian, Other)
Name:	Name:
Address:	Address:
Landline No:	Landline No.:
Mobile No.:	Mobile No.:
Email:	Email:

Nominated other contact person in case of emergency if Contact 1 and 2 not available

Contact Priority 3: Name	Tel. No.:			
Relationship:				
Address:				
Address(es) to which assessment reports sho	ould be sent:			
Name:	Name:			
Address:	Address			
Is the applicant's mother a past-pupil of the school? Yes No If YES, please give mother's maiden name and the years in which she attended Loreto College, Crumlin Road.				
Name:	Years at Loreto College:			
Names of applicant's sisters who are CURRENTLY attending Loreto College, Crumlin Road:				
Name:	Year Group:			
Name:	Year Group:			
Names of applicant's sisters who PREVIOUSLY attended Loreto College, Crumlin Road:				
Name:	Year Group:			
Name.	Year Group:			

3. EDUCATIONAL AND SUPPORT NEEDS

HAS YOUR DAUGHTER BEEN DIAGNOSED WITH 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 be	en assessed by a psych	nologist/specialist?	Yes	No			
If yes, please complet	e the following:		_				
Name of organisation	(NEPS, CAMHS):						
Date of assessment:		N.B. You need to p	rovide a d	copy of the a	ssessmei	nt with thi	s form.
Is your daughter in re	ceipt of learning suppo	ort?	Yes	No			
If yes, give details of t	his support:		·				
Does your daughter s	uffer from any medical	l condition?	Yes	No			
If yes, please give de	tails:		·	·			
Does your daughter h	ave a Special Needs As	ssistant?	Yes	No			
Does your daughter st	tudy Irish in Primary Sc	chool?	Yes	No			
If not, does your daug	hter have an Irish Exer	mption?	Yes*	No			
* If yes, a copy of the e	exemption MUST accon		ion.				
	Data Protection: I consent to Loreto College Crumlin retaining this Data in accordance with Loreto College, Crumlin GDPR Policy which is available on the school website.						
daughter must	I have read the Code of Behaviour which is available on the school website. I accept that my daughter must at all times abide by this Code of Behaviour and any breach of it by the enrolled student may result in sanctions.						
	I give my consent for a copy of my daughter's records from her previous school to be given to Loreto College Secondary School.						
Name of student:				Date:			
Mother's signature:							
Father's signature:							
Guardian's signature	2:						

DEADLINE FOR ACCEPTING APPLICATION FORMS IS 4pm, Friday 22nd October 2021. COMPLETED APPLICATION FORMS CAN BE RETURNED BY POST OR EMAILED TO secretary@loretocrumlin.ie

Please note that incomplete, unsigned forms or incorrect contact information may result in loss of an offer of a place in the school. Please check that all sections have been fully completed before returning this form.