**ENROLMENT FORM**

**Loreto College, Crumlin Road D12E196**

**Tel: 01 454 2380 E-mail:** **secretary@loretocrumlin.ie**

**Website:** [**www.loretocrumlin.ie**](http://www.loretocrumlin.ie)

 Please provide **2 x Passport-size photos**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Student Details**
 |  **Year of entry (Please tick):**  | **2024** |  |  **2025** |  |

***Please complete all sections below***

|  |  |
| --- | --- |
| Student Name: | Date of birth: |
| Address: | PPSN: |
|  | Which **year group** is being applied for? |  |
|  | Mother’s Maiden name: |
| Eircode: |
| Nationality: | First language: |

**Education history**

|  |  |
| --- | --- |
| Primary School: | Secondary School: |
| Address: | Address: |
|  |  |
| Roll No.: | Roll No.: |

1. **Parent/Guardian contact details [Please use BLOCK LETTERS to complete]**

|  |  |
| --- | --- |
| **Contact Priority 1** | **Contact Priority 2** |
| Relationship to student: (Mother, Father, Guardian, Other) please indicate  | Relationship to student: (Mother, Father, Guardian, Other) please indicate |
| 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 should 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: |

1. **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 been assessed by a psychologist/specialist?** |  **Yes** |  |  **No** |  |
| **If yes\*, please complete the following:**  |
| **Name of organisation (NEPS, CAMHS):**  |
| **Date of assessment:** |  | ***\* You must 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.***

|  |  |
| --- | --- |
| 1. **Data Protection (Please tick and sign below)**
 |  |
| **4.1**  | **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.** |  |
| **4.2** | **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.**  |  |
| **4.3** | **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: |

**DEADLINE FOR ACCEPTING APPLICATION FORMS IS 4pm, Tuesday 24th October 2023**. COMPLETED APPLICATION FORMS CAN BE RETURNED BY POST. If you have any queries please email 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.