ENROLMENT FORM



College Rd, Fermoy. Co Cork

1. Student Details

Tel: 025 32124 E-mail office@loretofermoy.ie

Website: www.loretofermoy.ie

Please provide 2 x Passport-size photos	
2023 2024	
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Please complete all sections below

Student Name:	D.O.B.:
Address:	PPSN:
	Which year group is being applied for?
	Mother's Maiden name:
Eircode:	
Nationality:	First language:

Year of entry (Please tick):

Education History

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

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

Parent /Guardian's full name:	Parent /Guardian's full name:
Address:	Address:
Landline No:.	Landline No.:
Mobile No.:	Mobile No.:
Email:	Email:

Nominated contact person in case of emergency if ne	either parent is available					
Name:	e: Tel. No.:					
Relationship:						
Address:						
Address(es) to which postal communications should l	be sent (If different from above):					
Name:	Name:					
Address:	Address					
Email address for correspondence (alternative address, if required)	Email address for correspondence (alternative address, if required)					
Is the applicant's mother a past-pupil of the school?	Yes No					
If YES, please give mother's maiden name and the ye	ears in which she attended Loreto Secondary School.					
Name:	Years at Loreto Secondary School:					
Names of applicant's sisters who are CURRENTLY atte	ending Loreto Secondary School					
Name:	Year Group:					
Name:	ne: Year Group:					
Names of applicant's sisters who PREVIOUSLY attended	ded Loreto Secondary School					
Name:	Years Attended:					
Name:	Year Attended:					
Does your daughter suffer from any medical condition	on or allergies? Yes No					
If yes, please provide details:						
Name of family doctor:Phone Number:						

3. EDUCATIONAL AND SUPPORT NEEDS

HAS YOUR DAUGHTER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING? (Please tick)

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

Has your daughter be Psychologist/Occupat	en assessed by a ional Therapist or othe	er specialist?	Yes	No			
If yes, please complet	e the following:						
Name of organisation	(NEPS, CAMHS):						
Date of assessment: N.B. You need to provide a copy of the assessment with this form.							
Is your daughter in re	ceipt of learning suppo	ort?	Yes	No			
If yes, give details of t	his support:						
Does your daughter h	ave a Special Needs As	ssistant?	Yes	No			
Does your daughter s	tudy Irish in Primary So	chool?	Yes	No			
If not, does your daug	hter have an Irish Exe	mption?	Yes*	No			
* If yes, a copy of the e			ation.				
	: I consent to Loreto S ondary School, Fermo	-	-	_			
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 conse Loreto Seconda	nt for a copy of my da ry School.	ughter's records f	rom her previo	ous school to b	e given to		
Name of student:		D	Date:				
Mother/ Guardian's	signature:						
Father/Guardian's s	ignature:						
Student's signature:							

DEADLINE FOR ACCEPTING APPLICATION FORMS IS 4pm, 11th November 2022.

COMPLETED APPLICATION FORMS CAN BE RETURNED BY POST.

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 the form.

Checklist:

Parents / Guardians are asked to submit the following with this completed application form:

- Enrolment Form is signed by Parent and Student
- Photocopy of Birth Certificate (long or short form)
- Educational Psychologist/ Occupational Therapist/ Medical/ any other relevant report attached
- Copy of Irish Exemption (if relevant)
- Voluntary Registration Contribution of €20