ENROLMENT FORM



College Rd, Fermoy. Co Cork Tel: 025 32124 E-mail office@loretofermoy.ie Website: www.loretofermoy.ie

Year of entry (Please tick): 1. Student Details

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Please provide 2 x Passport-size photos

2024	
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2023

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:

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 neither parent is available

Name:	Tel. No.:
Relationship:	
Address:	

Address(es) to which postal communications should 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)

No

If YES, please give mother's maiden name and the years in which she attended Loreto Secondary School.

Name:	Years at Loreto Secondary School:

Yes

Names of applicant's sisters who are CURRENTLY attending Loreto Secondary School

Name:	Year Group:	
Name:	Year Group:	
Names of applicant's sisters who PREVIOUSLY attended Loreto Secondary School		

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Name:	Years Attended:
Name:	Year Attended:

Does your daughter suffer from any medical condition or allergies? Yes No

If yes, please provide details:	
Name of family doctor:	-
Phone Number:	
Address:	

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 been assessed by a

Psychologist/Occupational Therapist or other specialist?

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No

If yes, please complete 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 receipt of learning support?			Yes		No		
If yes, give details of this support:							
Does your daughter have a Special Needs Assistant?		ssistant?	Yes		No		
Does your daughter study Irish in Primary School?		chool?	Yes		No		
If not, does your daughter have an Irish Exemption?			Yes*		No		

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

4. Data Protection (Please tick and sign below)

4.1	Data Protection: I consent to Loreto Secondary School Fermoy retaining this Data in accordance with Loreto Secondary School, Fermoy 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 Secondary School.	

Name of student:	Date:				
Mother/ Guardian's signature:					
Father/Guardian's signature:					
Student's signature:					

DEADLINE FOR ACCEPTING APPLICATION FORMS IS 4pm, 10th November 2023.

COMPLETED APPLICATION FORMS CAN BE <u>RETURNED BY POST</u>.

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