

Note: The information provided on this form is confidential and will be retained, used and disclosed by Loreto Secondary School, Fermoy in line with data protection legislation.

When will your daughter start at Loreto? (Please circle appropriate answer)

Sept. 2018 | Sept. 2019

Sept. 2020 | Sept. 2021 | Sept. 2022

	PART 1 - STUDENT & FAMILY DETAILS			
Required for school enrolment and parental contact purposes and to ensure	Parent / Guardian I		Parent / Guardian 2	
that the applicant meets the criteria of our Admissions Policy which is	First Name		First Name	
available at www.loretofermoy.ie or by request from the school office.	Last Name	Last Name		
Daughter's First Name/s	Maiden Name (if relevant)		Last Name Maiden Name (if relevant) Relationship to Child Address (include Eircode)	
Relationship to Child				
Daughter's Last Name/s	Address (include Eircode)			
Nationality Clark				
Date of Birth (attach a copy of birth cert)				
Home Address	Phone No. (Work)		Phone No. (Work)	
al d D proces	Phone No. (Mobile)		Phone No. (Mobile)	
Child's PPS No.	Email Address		Email Address	
Does your daughter have any sisters in this school? Yes □ No □	Emergency Name and Contact Details		Custody / Guardianship / Access	
(Admin and correspondence purposes only)	Name		If there are any orders or other arrangements in place governing access to or custody of your daughter, please provide relevant details.	
If yes, please indicate names and current year group	Phone No.			
Name Year	Relationship to Child			
Name Year				
Name Year				
	PART 2 - PRIMARY SCHOOL DETAILS			
Please note: we will contact the school in connection	Consent I/we give permission to contact my daughter's primary school (or other relevant school) and to obtain copies of teachers' records, class notes,		direct that my daughter's primary school (or other relevant school) release these documents to Loreto Secondary School, Fermoy.	
with your daughter's enrolment				
Name of Primary School				
Other School attended and dates (if necessary)	academic records, psychological reports and other records necessary for my daughter's educational welfare and for aiding her transition		Signed: Date:	
	to post-primary. I hereby give the school consent and do instruct and			
	PART 3 - EDUCATIONAL DETAILS			
Year Group into which you wish your daughter to enrol: (please tick)	Has your daughter availed of resource		If your daughter was born outside of Ireland, please state how many	
$1^{\operatorname{st}} \square \qquad 2^{\operatorname{nd}} \square \qquad 3^{\operatorname{rd}} \square \qquad TY \square \qquad 5^{\operatorname{th}} \square \qquad 6^{\operatorname{th}} \square$	teaching hours from the NCSE? Yes	No □	years she has been resident in Ireland years resident in Ireland.	
Required for the assessment of individual needs.	Has your daughter had access to a Special Needs Assistant? Yes ☐ Have your daughter received learning support? Yes ☐	No □ No □	To assist the school in completing October Returns, complete the "Consent	
Please note: Irish is a compulsory subject for all students.	Has your daughter received English as an	NO 🗆	Form for Sensitive Personal Data for the School's October Returns to the	
Exemptions are only granted by the DES in exceptional cases.	Additional Language (EAL) support? Yes	No □	Department of Education and Skills" set out in the Appendix to this form.	
Is your daughter currently studying Irish? Yes \square No \square			Completed? Yes \square No \square	
If no, please indicate the reason	If you answered <u>yes</u> to any of the above questions, our Special			
Has your daughter had an educational report completed? Yes \square No \square	Educational Needs Co-Ordinator will be in contact by phone			
Is this report available? Yes ☐ No ☐	to discuss your daughter's educational planning further.			
<u>If yes</u> please attach this report when submitting this application				
	PART 4 - MEDICAL / HEALTH DETAILS			
Required to ensure the school has your doctor's contact details in order to contact a	doctor in the event of a medical issue arising during school. Please note it ma	y be necessary	to disclose this information to staff.	
Doctor's name:	Health concerns for your daughter:		Procedures to follow (in case of particular illness):	
Phone number (Doctor / Practice):				

PART 5 - PERMISSIONS

Personal Data on this form

Loreto Secondary School, Fermoy is a data controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application form is required for the purposes of:

- Student enrolment
- Student registration
- Allocation of teachers and resources to the school
- Determining a student's eligibility for additional learning supports and transportation
- Examinations
- School administration
- Child welfare (including medical welfare)

School contacting you

Please confirm if you are happy for us to contact you by SM/text message and to call you on the telephone numbers provided and to send you emails for all the purposes of: sports days; parent teacher meetings; school concerts/events; to notify you of school closure (e.g. where there are adverse weather conditions); to notify you of your daughter's non-attendance or late attendance or any other issues relating to your daughter's conduct in school; to communicate with you in relation to your daughter's social; emotional and educational progress and to contact you in case of emergency

Tick (/) box	if 'yes' you agree with	b the following uses:
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I give consent to:

- ☐ Use my email address to alert me re school matters ☐ Use my mobile phone number to send me SMS texts
- ☐ Use my mobile phone/land-line number to call me

Please note: Loreto Secondary School, Fermoy reserves the right to contact you in the case of an emergency relating to your daughter, regardless of whether you have given your consent.

While the information provided will generally be treated as private to Loreto Secondary School, Fermov and will be collected and used in compliance with the Date Protection Acts 1988 and 2003. from time to time it may be necessary for us to transfer your personal data to other bodies, including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, Tusla (Child and Family Agency) social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education, any Special Education needs Organiser, the national Education Psychological Service, or (where the student is transferring) to another school. We rely on parents / guardians and students to provide us with accurate and complete information and to updated us in relation to any change in the information provided.

Photographs and Digital Images of Students

The school maintains a database of photographs and digital images (including video) of school events held over years. It has become customary to take photographs of students engaged in activities and events in the interest of creating a pictorial as well historical record of life at the school. Photographs / digital images may be published on our school website or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs / digital images, student names will not appear on the website as a caption to the picture. If you or your daughter wish to have her photograph / digital image removed from the school website, school Twitter, brochure, yearbooks, newsletter etc. at any time, you should write to the school principal.

Consent - tick (\checkmark) one only

☐ I give consent for my daughter's photograph / digital image t
be taken as part of school activities and used as referenced above

☐ I do not give consent for my daughter's photograph / digital image to be taken as part of school activities

Signed: Date:

Parent / Guardian / Student (where over 18)

Permission to travel on School trips / Outings / Excursions / Sports matches

☐ I hereby give permission for my daughter to participate in school outings. I understand that written permission will be sought for overnight stays.

I agree that my daughter be bound by the rules as laid down by the school authority on such trips. We have read the Code of Behaviour and will endeavour to ensure that my / our daughter complies with this code on all school outings.

Parent's Signature_	Date:	
Parent's Signature	Date:	

PART 6 - CONTRACT OF BEHAVIOUR AND LEARNING

Student

Student Signature:

Name (BLOCK CAPITALS):

As a student in Loreto Secondary School, Fermoy I promise to abide by the rules and regulations of the school, in the interests of maintaining a positive learning environment. I have read and accept the School Code of Behaviour.

υ.		
Parent / Guardian	(Contract and	Consent)

Date:

In registering my above named daughter as a student in Loreto Secondary School, Fermoy I understand that this implies a full acceptance of the rules of the school as laid down from time to time by the Board of Management. I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my daughter will be facilitated in her subject choices, this may not always be possible.

As a partner in the education of my daughter, I recognise the need for me to do my utmost to support the work of the school.

By signing below, I am giving full, explicit, and informed consent for Loreto Secondary School, Fermoy to confirm, retain, use and disclose the information I have provided in accordance with data protection legislation.

Signed: Date: (Parent / Guardian)

Checklist

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

- Photocopy of Birth Certificate (long or short form)
- Educational Psychologist/ Occupational Therapist/ Medical/ any other relevant report attached
- Voluntary Registration Contribution of €20

(please circle appropriate answer)

PART 7 - DEPARTMENT OF EDUCATION ETHNICITY / CULTURAL BACKGROUND & MEDICAL CARD REQUEST

Appendix

Consent Form for Sensitive Personal Data for the School's October Returns to the Department of Education and Skills. Certain sensitive personal data which the Department asks post-primary schools to furnish via the "Annual Post-Primary School October Returns / Examination Entries" process requires your written consent for your daughter's school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 0047/2010, a copy which is available at www.education.ie or on request from the school office. This information is useful to aid in the development of policy to promote social inclusion and for the provision of additional teaching hours for children who are members of the Traveller Community. You are not obliged to provide this information.

Please note that the reference to "you" in this consent form means a parent or a guardian of a student or a student aged 18 years and over who is attending a post-primary school.

You may tick below if you wish to identify as any of the following DES categories for cultural/ ethnic backgrounds:

☐ Irish Traveller

□ Roma

☐ Any other white background

☐ Black or Black Irish – African

☐ Black or Black Irish – other Black background

☐ Asian or Asian Irish – Chinese

☐ Asian or Asian Irish – any other Asian background

☐ Other (including mixed background)

☐ No consent

Do you or does your daughter possess a medical card? (Please circle appropriate answer) Is your daughter a member of the Traveller Community*?

Yes

Yes

Date

No

No

"Traveller Community" means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland. Section 2 (1) of the Equal Status Act, 2000.

Signed

Parent / Guardian

PLEASE COMPLETE THIS FORM, IF YOU SO CHOOSE, AND RETURN TO YOUR POST-PRIMARY SCHOOL.