# **ENROLMENT FORM**



College Rd, Fermoy. Co Cork, P61 HA21 Tel: 025 32124 E-mail <u>office@loretofermoy.ie</u> Website: <u>www.loretofermoy.ie</u> Please provide 2 x Passport-size photos

# *Student Details* Year of entry (Please tick):

1 <sup>st</sup> Year	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year	5 <sup>th</sup> Year	6 <sup>th</sup> Year
25/26	24/25	24/25	24/25	24/25	24/25	24/25

## Please complete all sections below

Student Name:	D.O.B.:									
Address:	PPSN:									
	Mother's Maiden name:									
Eircode:										
Nationality:	First la	ngua	ge:							

## **Education History**

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

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

Parent /Guardian 1 full r	name:	Parent /Guardian 2 full name:					
Address:		Address:					
	Eircode	Eircode					
Landline No.:		Landline No.:					
Mobile No.:		Mobile No.:					
Email		Email					

#### 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)

#### Nominated contact person in case of emergency if neither parent is available

Name:	Tel. No.:
Relationship:	
Address:	

Yes

Is the applicant's mother a past-pupil of the school?

No

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

Name:	Years at Loreto Secondary School:				
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					
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:	
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## 2. EDUCATIONAL AND SUPPORT NEEDS

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

YES	NO		YES	NO
		Specific learning disability		
		Speech or language disability		
		Emotional or behavioural disability		
		Autistic spectrum disorder		
	YES	YES NO	Specific learning disability     Speech or language disability     Emotional or behavioural disability	Specific learning disability   Speech or language disability   Emotional or behavioural disability

#### Has your daughter been assessed by a

Psychologist/Occupational Therapist or other specialist?

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Ye

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 rec	ceipt of learning suppo	ort?	Yes		No			
If yes, give details of the second se	his support:						•	
Does your daughter ha	ave a Special Needs As	ssistant?	Yes		No			
Does your daughter st	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.

# 3. 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, 6<sup>th</sup> November 2024. 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.

## **Photography Consent**

## Please tick one box only

I give consent for my daughter's photograph / digital image to be taken as part of school activities and used as outlined below.

or

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

Signed:

Date:



Please detach and keep this page

# 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

# **Consent Form for the Use of Photographs / Digital Images of Students**

- The school maintains a database of photographs and digital images (including video) of school events held over years.
- It is customary to take photos of students engaged in activities and events in the interest of celebrating students' success and achievements and creating a pictorial as well as historical record of life at the school.
- Photographs are also taken for the Tyro student profile.
- Photographs / digital images may be published on our school website or in brochures, yearbooks, newsletters, local and national newspapers, school social medial accounts and similar school-related productions. They may also be used during school events such as assemblies, graduations and award ceremonies.
- Students may at any time decline to have their photo taken or to exclude themselves from group photos if they wish.
- It is the responsibility of students without photography consent to communicate this to the photographer and to withdraw from group photographs.