



# Loreto College Swords

Creating a positive environment, under-pinned by Christian values.

## APPLICATION FORM FOR ADMISSION – FIRST YEAR 2022/23

*This is an application form for admission and does not constitute an offer of a place, implied or otherwise. Use of the word 'student' throughout this Application Form does not imply that the person on whose behalf this application is being made is regarded as having been accepted as a student of Loreto College, Swords, Co Dublin. All information gathered is in line with Loreto College Swords GDPR Policy. Loreto College, Swords only enrolls Female Students.*

*Receipts are Issued by the school on acceptance of this Form, if you do not receive a Receipt please contact the school before the Closing Date.*

Completed applications will be accepted from:

01/10/2021

The closing date for receipt of applications is:

22/10/2021 by 3 p.m.

All Application Forms should be sent to:  
Loreto College,  
Rivervalley,  
Swords,  
Co Dublin

For office use only:

Date Received

\_\_\_\_/\_\_\_\_/\_\_\_\_

Form Received

by: \_\_\_\_\_

Please complete all sections of the following application using BLOCK CAPITALS

### SECTION 1 - PROSPECTIVE STUDENT DETAILS

*Details of the young person for whom this application is being made.*

First Name:

Surname:

PPSN: & DOB

Date of Birth:

Student Address:

Eircode:

Name/Address of  
Current Primary  
School

<b>SECTION 2 – DETAILS OF PARENT/GUARDIAN</b>		
<i>The information is sought for the purposes of making contact about this application. Delete as appropriate</i>		
	Parent / Guardian 1	Parent / Guardian 2
<b>Prefix: (e.g. Mr. / Ms. / Ms. etc.)</b>		
<b>First Name:</b>		
<b>Surname:</b>		
<b>Address:</b>		
<b>Eircode:</b>		
<b>Telephone no.</b>		
<b>Email address:</b>		
<b>Relationship to student:</b>		
<b>Primary Email address for Contact by School &amp; Mobile Number</b>	<b>Email Address:</b>	<b>Mobile Number:</b>

### SECTION 3 – STUDENT CODE OF BEHAVIOUR

The Code of Behaviour can be found on the school website [www.loretoswords.ie](http://www.loretoswords.ie) or from the school office. Please tick the following:

I confirm that I have read the Student Code of Behaviour. [  ]

And

I confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if she secures a place in the school. [  ]

Once you have ticked both boxes above please sign your name here:

Signature \_\_\_\_\_ Signature \_\_\_\_\_

### SECTION 4 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

*This information will assist in determining whether the student meets the admission requirements in accordance with the order of priority as set out in the applicable section of the Admission Policy for Loreto College, Swords.*

Please complete if the student currently has siblings in this school. Please indicate their names and current year of study. If the student's sibling has left, please give details of attendance.

(i) Name:

Year:

(ii) Name:

Year:

If the student's mother was a past pupil of Loreto College, Swords, please indicate mother's name and years of attendance. Student must be attending a Primary School that is listed in the Admissions Policy.

(i) Name:

Year:

**IMPORTANT INFORMATION:**

- All of the information that you provide in this application form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid.
- Please understand that it is your responsibility to inform the school of any change in contact information or circumstances relating to this application.
- Please sign below to demonstrate that you have read and understood this information.

*Once an Application has been accepted by the school a receipt will be issued. Please ensure that you obtain a receipt and in the event that you do not, that you make contact with the school in advance of enrolment taking place. The receipt will consist of a copy of the front page of this document and will be dated and signed by a member of the school staff.*

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**(Parent / Guardian 1)**

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**(Date)**

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**(Parent / Guardian 2)**

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**(Date)**