



Nano Nagle College

Principal: Adrian Gibbs
Deputy Principal: Mary O'Connell

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Application to transfer from another secondary school

Section A:

Student Name: _____

Name on Birth Cert: _____

PPS Number: _____ Date of Birth: _____

Address: _____

Current Secondary School _____

Year group transferring into _____ Mainstream ASD Class

Medical Issues/Allergies: _____

Section B:

Parent/Guardian name (1): _____

Address: _____

Email: _____ Mobile No: _____

Parent/Guardian name (2): _____

Address: _____

Email: _____ Mobile No: _____

Section C:

Does the student have any sisters/brothers in this school? Yes No

If yes, please indicate names and year they are currently in:

Name: _____ Year: _____

Name: _____ Year: _____

Declaration:

We/I hereby confirm that We/I have read the Admissions Policy for Nano Nagle College and declare that the information given on this application form is correct.

Signature of Parent/Guardian: _____

Date: _____