



**Nano Nagle College
Transfer Student Application**

STUDENT INFORMATION

All information must be completed

Surname: _____ **First Name:** _____ **Student PPS No.** _____

Address: _____ **Eircode:** _____

Date of Birth: _____ **Nationality** _____ **Country of Birth** _____

Name and Address of current Secondary School

Email address to receive acknowledgement of application

Names of sons/daughter's currently attending Nano Nagle College.

1. **Name:** _____ **Date of Birth:** _____ **Class:** _____

2. **Name:** _____ **Date of Birth:** _____ **Class:** _____

Year group that student is applying to transfer into _____

DETAILS OF PARENTS/GUARDIANS

	Name	Mobile No	Work Phone No.
Name of Mother			
Name of Father			
Mother's maiden name			

SPECIAL EDUCATIONAL NEEDS AND/OR MEDICAL ISSUES

Does your son/daughter have a Special Educational need? Yes No

Does your son/daughter have a relevant medical issue? Yes No

Please give details:

Subjects your son/daughter is currently studying:

- | | |
|----------|----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | |

Use of Photographs

It is necessary for schools to seek parental permission to use photographs of the school activities which features students. Photos with names may appear in the press but will not be used on internet websites.

Please tick and sign below:

I/We give permission for use of photos: Yes No

Signature (1) _____ (2) _____
Parent/Guardian Parent/Guardian

CODE OF BEHAVIOUR AND DISCIPLINE

I have read and agree to fully accept the code of Behaviour and Discipline of Nano Nagle College. The Code of Behaviour is available on the school website; www.nanonaglecollege.ie

Signature (1) _____ (2) _____
Parent/Guardian Parent/Guardian

I certify that the above information is correct and I wish to have the above named child considered for registration in Nano Nagle College

Signature (1) _____ (2) _____
Parent/Guardian Parent/Guardian

I/We consent to the information given on the above form being held by the school and to it being shared with the Department of Education and Skills, and I/We agree to appropriate testing to monitor her progress on a twice yearly basis.

Signature (1) _____ (2) _____
Parent/Guardian Parent/Guardian

Please complete this form and return to the school along with a copy of your son/daughter's birth certificate and relevant school reports.