

Nano Nagle College

First Year Enrolment Application Form 2025

Please complete in BLOCK CAPITAL							
This applica	ition is for:	Mainstream		Spec	cial Class		
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 Primary School							
Email address to receive acknowledgement of application							
Names of sons/daughter's currently attending Nano Nagle College.							
Names of sons/daughter's	s currently atten	ding Nano Nag	le College.				
1. Name:	•				Class:		
		Date of B	irth:				
1. Name:		Date of B	irth:				
1. Name:		Date of B	irth:				
 Name: Name: Why have you chosen this 	school for your	Date of B	irth:				
1. Name: 2. Name: Why have you chosen this Parent was a past pupil	school for your	Date of Bi Date of Bi son/daughter?	irth:irth: irth: (Tick Below)				
1. Name: 2. Name: Why have you chosen this Parent was a past pupil My son/daughter is a past	school for your	Date of Bi Date of Bi son/daughter?	irth:irth: irth: (Tick Below)				
1. Name: 2. Name: Why have you chosen this Parent was a past pupil My son/daughter is a past Another son/daughter is a	school for your t pupil	Date of Bi Date of Bi son/daughter? ing Nano Nagle	irth:irth: irth: (Tick Below)				
1. Name: 2. Name: Why have you chosen this Parent was a past pupil My son/daughter is a past Another son/daughter is a None of the above	school for your t pupil	Date of Bi Date of Bi son/daughter? ing Nano Nagle	irth:irth: irth: (Tick Below)				
1. Name: 2. Name: Why have you chosen this Parent was a past pupil My son/daughter is a past Another son/daughter is a None of the above	t pupil currently attendi	Date of Bi Date of Bi son/daughter? ing Nano Nagle	irth:irth: (Tick Below)		Class:		

Mother's maiden name

SPECIAL EDUCATIONAL NEED	S AND/OR MEDIC	AL ISSUES						
Does your son/daughter have a Specia	al Educational need? \	res No						
Does your son/daughter have a relevant medical issue? Yes No								
Please give details:								
I/We consent to the information give shared with the Department of Educa monitor her progress on a twice year	ation and Skills, and I/V	-						
Signature (1)Parent/Guardian	(2)							
Parent/Guardian		Parent/Guardian						
I have read and agree to fully accept Signature (1) Parent/Guardian								
I certify that the above information is for registration in Nano Nagle College		have the above no	amed child considered					
Signature (1)Parent/Guardian	(2)	Parent/Guard	 ian					
For Office Use: Date of Application:								
Please complete this form ar	nd return to the so		th a copy of your					
	Nano Nagle College							

Knockpogue Avenue,
Farranree,
Cork

021-4303330

Principal: Mr. Adrian Gibbs

Deputy Principal: Ms. Sarah Curtin