

**COLÁISTE NANO NAGLE  
SEXTON STREET  
LIMERICK**

**ENROLMENT APPLICATION FORM**

**SEPTEMBER 2023 – 2024**

**PRIVATE AND CONFIDENTIAL**



**MISSION STATEMENT**

*Our school is a Christian community which welcomes students in the tradition of Nano Nagle, foundress of the Presentation Order, under the trusteeship of CEIST.*

*A primary aim of our school is the pursuit of academic excellence. We seek to develop the full potential of each person, intellectual, spiritual, emotional, social, physical and creative. To achieve this the school strives to provide an educational environment suited to the needs of each individual, within the demands of a changing world.*

## STUDENT DETAILS

### Purpose

The following information is required to aid in the registration and enrolment application process and the performance of the functions conferred under enactment of secondary legalisation by the Department of Education and Skills. The personal data supplied on this Enrolment Form is required for the purposes of: • student enrolment • examinations • registration • administration • welfare etc.

Surname (as on Birth Cert): \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

PPS Number<sup>1</sup>: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

### Medical History

The Annual Post-Primary School October Returns / Examination Entries to the Department of Education & Skills requires details of personal and special category data as outlined hereunder; -

As the undermentioned information is categorised as special category of personal data under the General Data Protection Regulations and the Data Protection Acts, your consent to process and share this data is required.

Medical History (if applicable): It is vital that the school is informed of any on-going illness/condition and history of any illness/injury that would affect your daughter's participation in any class activity including sport and extra-curricular activities.

Please indicate if your daughter suffers from any of the following conditions:

Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Diabetes \_\_\_\_\_ Hearing Problem \_\_\_\_\_ Sight problem \_\_\_\_\_

Other (Describe) \_\_\_\_\_

Does your daughter take regular prescribed medication: Yes  No

If yes please describe: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> The student's PPS Number is not required until a student is offered a placement in the school

Does your daughter study Irish: Yes  No

Has an exemption from Irish been received from the Dept. of Education and Skills: Yes  No

Has your daughter received Learning Support in her previous school: Yes  No

If Yes, please provide full details (including psychological assessment report, if any):

---

---

Has your daughter been assessed as having Special Educational Needs: Yes  No

Details regarding Special Educational Needs:

---

---

Does the student have a Psychological Report? Yes  No

If your daughter has had a Psychological Report, please provide a copy of the report.

Is the student in receipt of Learning Support: Yes  No

If yes, please outline current support provided:

---

---

Do you have a medical card? Yes  No  If 'Yes', Number: \_\_\_\_\_

Should your daughter develop a medical problem that you feel the school should know about, please let us know as soon as possible.

Name of family doctor: \_\_\_\_\_

**Tick Box to provide consent**

I hereby consent to Coláiste Nano Nagle processing my daughter's / daughters personal data.

I hereby consent to Coláiste Nano Nagle processing my daughter's special category data.

I hereby consent to the sharing of my daughter's personal and special category data with the members of staff of Coláiste Nano Nagle who deal with my daughter on a 'need to know' basis and with the Department of Education and Skills in relation to Annual Post-Primary School October Returns / Examination Entries.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

### SCHOOL DETAILS

Previous schools attended:

1. \_\_\_\_\_ Principal \_\_\_\_\_  
2. \_\_\_\_\_ Principal \_\_\_\_\_

Number of years in Secondary School: \_\_\_\_\_

Subjects studied by you in your previous school:

\_\_\_\_\_  
\_\_\_\_\_

Number of days missed in your previous school in the current academic year: \_\_\_\_\_

Has the student ever been suspended from previous school? Yes \_\_\_\_\_ No \_\_\_\_\_

Please state the reasons for the suspension:

\_\_\_\_\_

State interventions provided:

\_\_\_\_\_

Has your daughter been excluded from previous school: Yes \_\_\_\_\_ No \_\_\_\_\_

In line with the school's Admissions Policy, the school reserves the right to contact previous school regarding this exclusion.

#### Tick Box to provide consent

I consent to Coláiste Nano Nagle contacting my child's previous school and for my child's previous school to share her ***personal data*** including copies of teachers' records, class notes, academic records, etc. with the Principal of Coláiste Nano Nagle.

I consent to Coláiste Nano Nagle contacting my child's previous school and for my child's previous school to share her ***special category of personal data*** including copies of teachers' records, class notes,

academic records, copies of psychological reports and other records relevant to my child's welfare etc. with the Principal of Coláiste Nano Nagle.

I wish to request my child's previous school to transmit directly to Principal of Coláiste Nano Nagle my child's records of personal and special category of data such as teachers' records, class notes, academic records, copies of psychological reports and other records relevant to my child's welfare (Data Subject's Portability Request).

Signed : \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

### FAMILY DETAILS

Mother/Guardian's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Mother's Work Phone No: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Father/Guardian's Work Phone No: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Correspondence Title (How and to whom do you wish your school correspondence to be addressed?)  
\_\_\_\_\_

Communication by text: Mobile number by text: \_\_\_\_\_

Number of children in family: \_\_\_\_\_ Number of sisters: \_\_\_\_\_

Position in family: \_\_\_\_\_

Sisters in school at present: Yes  No

Name(s): \_\_\_\_\_

Classes: \_\_\_\_\_

Sisters who attended their second level education in Coláiste Nano Nagle:

Name(s): \_\_\_\_\_

Year: \_\_\_\_\_

### Parent/Guardian's Consent

Tick Box to provide consent

I hereby consent to Coláiste Nano Nagle processing my personal data.

I hereby consent to both mine and my daughter's personal data being processed by Coláiste Nano Nagle for the purpose of contacting me or my daughter by mail, phone, e-mail, SMS etc., in relation to school

information, reports, situations, e-mails, school related activities, e.g. sport days, parent / teachers meetings, school concerts/events, school closure due to adverse weather conditions etc., non-attendance, late attendance, or any other issues relating to conduct, social, emotional, educational progress as well as in case of emergency

Signed : \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian 1)

### Parent/Guardian's Consent

Tick Box to provide consent

I hereby consent to Coláiste Nano Nagle processing my personal data.

I hereby consent to both mine and my daughter's personal data being processed by Coláiste Nano Nagle for the purpose of contacting me or my daughter by mail, phone, e-mail, SMS etc., in relation to school information, reports, situations, e-mails, school related activities, e.g. sport days, parent / teachers meetings, school concerts/events, school closure due to adverse weather conditions etc., non-attendance, late attendance, or any other issues relating to conduct, social, emotional, educational progress as well as in case of emergency

Signed : \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian 2)

### Photographs and Digital Images of Students

Coláiste Nano Nagle maintains a digital bank of photographs, recorded video images of school events held over years and printed year photographs / pamphlets. Photographs/images/videos may be published on the school website, trustee's website, school's social media accounts, in brochures, yearbooks, newspapers, sport, competitions, drama, school pamphlets, year group photographs and other similar school related publications.

Tick box to provide consent

I hereby consent for my daughter's photograph/digital image to be taken and processed as part of Coláiste Nano Nagle's activities and included in all the above-mentioned records and shared with the school's photographer for the purpose of processing the photographs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

## DECLARATION School's Ethos and Code of Behaviour

Parents/Guardians, in completing this application form for Coláiste Nano Nagle, Sexton Street, Limerick commit on behalf of themselves and their daughter to accept and support the school ethos and Code of Behaviour, if they are successful in gaining a place in the school. The Code of Behaviour is available on the school website.

### Student's Declaration:

Tick Box to provide consent

I have received and read the school's Code of Behaviour.

I agree to comply with the school's Code of Behaviour.

Applicant (Student): \_\_\_\_\_ Date: \_\_\_\_\_

### Parents/Guardian's Declaration:

Tick Box to provide consent

I certify that the above information is correct.

I have received and read the school's Code of Behaviour.

I agree to comply with the school's Code of Behaviour.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian)

Have you included a copy of Birth Certificate, PPS number and one passport photograph? \_\_\_\_\_

Please attach two most recent school reports.

### PLEASE NOTE

Completion of the Application Form does not guarantee enrolment.

Principal: Sinéad Moloney.

Deputy Principal: Catriona Murray.

Contact Numbers: (061) 410390

Fax: (061) 311270

Email: [office@cnnlimerick.ie](mailto:office@cnnlimerick.ie)

Website: [www.coláistenanonagle.ie](http://www.coláistenanonagle.ie)