

**COLÁISTE NANO NAGLE
SEXTON STREET
LIMERICK**

ENROLMENT APPLICATION FORM

SEPTEMBER 2025 – 2026

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 Number¹: _____

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: _____

¹ 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

Acting DP: Samantha Prior

Contact Numbers: (061) 410390

Email: office@cnnlimerick.ie

Website: www.coláistenanonagle.ie