





ENROLMENT FORM

Student full name:
Address:
Country of birth: Is your son / daughter in receipt of language support? Yes No
Date of birth: PPSN:
Father's Name:
Address (If different from above):
Mobile Number:E – mail:
Mother's Name:
Address (If different from above):
Mobile Number: E – mail:
Medical Card: Yes No Number:
Current School: Final class / year / level:
Do you wish your son / daughter to take classes through the medium of Irish? Yes No
Is your son / daughter in receipt of additional learning support? Yes No
Has your son / daughter had any of the following assessments?
Educational Psychological Assessment Yes No
Speech and Language Assessment Yes No
Occupational Therapy Yes No
If the answer to any of the above is Yes, then this application must be accompanied by a copy of the assessment
Does your son / daughter have an exemption from the study of Irish? Yes No
Letter of exemption Yes No (Exemption cannot be granted in absence of supporting documentation)

Please tick one box only:
I am happy to have my son / daughter's photograph taken during school activities and to be used for the purpose of administration and PR.
I would prefer not to have my son / daughter's photograph taken during school activities or for the purpose of administration and PR.
I / We, the undersigned are familiar with the policies which govern Nenagh College. I / We undertake to support the school in the implementation of same. (All school Policies are available to view on school website nenaghcollege.ie)
Student Signature:
Parent Signature:
Parent Signature:
Student Signature:
Date:
Documents Received:
Birth Cert Yes No
Proof of PPSN Yes No
Medical Card Yes No
Assessment Yes No No
Signed: Date: (On behalf of School)

