



Catherine McAuley Junior School

Bunscoil Nic Amhlaidh

Castlemoyle, New Ross, Co. Wexford. Y34 XT89

Principal: Taragh Nolan | Deputy Principal: Niamh Foskin

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www.newrossjuniorschool.ie Roll No.: 20481H

SCHOOL ADMISSIONS FORM 2026 – 2027

Section 1: Student

Mainstream Class Application ☐

Special Class for Autism Application ☐

Name of Child: (First name) (Last name)

Address: **Eircode:**

PPS No: **Date of Birth:** **Gender:**

Nationality: **Country of Birth:**

Language spoke at home: **Mother's Birth Surname:**

Will your child need additional support with the English Language (please circle): **Yes** **No**

Child's Doctor's Name:

Previous Playschool attended:

Friends coming to school:

Section 2: Parents / Guardians

Mother/Guardian: (First name) (Last name)

Email Address: **Mobile Number:**

Father/Guardian: (First name) (Last name)

Email Address: **Mobile Number:**

Mobile Number: (for school messages) **Home/Work Number:**

Does any legal order or custody arrangement under Family Law exist that the school should know of? (Please circle) **Yes** **No**

Emergency contacts (if both parents are unavailable)

Name: **Relationship to child:** **Phone Number:**

Name: **Relationship to child:** **Phone Number:**

Section 3: Pupil Transfer (if transferring from another school)

Previous School Name and Address:

School Phone Number: **Principal's Name:**

Please tick if relevant to your child	Yes	No
Has your child ever had a psychological assessment?		
Has your child ever received a speech and language report?		
Have you made an application for an Assessment of Need (AON) for your child?		
Has your child been referred to the Children's Disability Network Team (CDNT)?		
Does your child have any difficulties with hearing, speech or vision? If yes, please give details below		
Does your child have any health-related problems? (allergies, epilepsy, asthma etc) If yes, please give details below		
Do you give permission for your child to be photographed for school projects, local newspapers, school social media and any school related activities?		
Do you give permission for your child to be treated for minor accidents? (cuts, grazes etc) & to bring your child to doctor/hospital should we fail to contact you?		

Any further information from the questions above or anything else we should know:

We understand that the school implements and teaches the RSE (Relationships & Sexuality) and Stay Safe Programmes as per Dept of Education & Skills directive. For more details, please go to www.staysafe.ie

I acknowledge that I have read and accepted the policies and procedures put in place by the Board of Management of Catherine McAuley Junior School (all policies are available to view on the school website www.newrossjuniorschool.ie or in hard copy if requested).

I understand that some of the above information will be shared with the Department of Education & Skills on their Primary Online Database.

I am aware that it is incumbent on the school to inform HSE/Tusla authority in the event of a disclosure/concern regarding any form of child abuse. This is a legal requirement under the Children First Child Protection Procedures.

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: **Mother/Guardian** **Date:**

Signed: **Father/Guardian** **Date:**

****Please ensure that you include a copy of your child's Birth Certificate and Baptismal Certificate if your child was not baptised in St. Mary's & St. Michael's Parish Church, New Ross.**

BIRTH CERT ATTACHED

☐

BAPTISMAL CERT ATTACHED

☐

**To which ethnic or cultural background group does your child belong (please tick one)?
(Categories based on the Census of Population)**

White Irish	☐	Black or Black Irish - African	☐
Irish Traveller	☐	Black or Black Irish - any other Black Background	☐
Roma	☐	Asian or Asian Irish - Chinese	☐
Any other White Background	☐	Asian or Asian Irish - Indian/Pakistani/Bangladeshi	☐
Other Inc. mixed background - Arab	☐	Asian or Asian Irish - any other Asian background	☐
All others Inc. mixed background	☐	No Consent	☐

What is your child's religion?

Roman Catholic	☐	Jewish	☐	No Religion	☐
Muslim (Islamic)	☐	Church of Ireland (Anglican)	☐	Orthodox (Greek, Coptic, Russian)	☐
Buddhist	☐	Apostolic or Pentecostal	☐	Other Religions	☐
Hindu	☐	Presbyterian	☐	Atheist	☐
Baptist	☐	Christian Religion	☐	Protestant	☐
Jehovah's Witness	☐	Methodist, Wesleyan	☐	Lutheran	☐
Agnostic	☐	Evangelical	☐	No Consent	☐

Personal category data

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes ☐ No ☐

