

Web. www.catherinemcauley.ie

Tel. (061) 228 281 Office Fax. (061) 227 816

## **School Enrolment Form 2026/27**

Name of Pupil:
Address:
Eircode
Date of Birth:
PPS Number:
Gender:
Date seeking Entry:
Parents / Guardians/ Person making the Application:
Contact Numbers of Parents / Guardians/ Person making the Application:
Email address:
Mother's Name & Contact Number
Father's Name & Contact Number
Custody arrangements if applicable:



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Religion:	
Nationality:	
Main Language:	
Present school and clas	SS:
Previous School(s)	
<b>Does the Pupil have a</b> l	Mild or Borderline Mild General Learning Disability?
	Yes No
Have you included a co	opy of a psychological report done within two years?
	Yes No
Referring psychologist	<b>.</b>
School Intervention Te	eam:
Other Conditions/synd	lromes:
If the pupil has a diagi	nosis of ASD, is there a DSM report? Yes No
Please tick any additio	nal therapy being received:
	Physiotherapy
	Occupational Therapy
	Speech and Language
	Psychology
	Psychiatry (CAMHS)



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Additional Needs the pupil may have?				
Results of Examinations, Diagnostic Testing etc. in school (including Neale Reading Ability, MALT, Sigma T, Micra T, Dromcondra, Quest etc)	Analysis of			
School Attendance for previous 2 years:	-			
Other Siblings in our School:	-			
Medical Card Number:				
Expiry Date:				
Any Other Issue to Note:				



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Please	tick	tha	hoves	holow

1.	I have read the Admission its contents.	Yes No No			
2.	I have read the Behavio	Yes No			
3.		ost recent psychological assessment, done within two years of a along with any other required report .  Yes No			
Signature of Parental/Guardian/Person making the Application:  Signature:					
Please return all forms to:					
		The Principal			
	Catherine McAuley Special School				
		Ashbourne Avenue			
		Limerick.			

(Please check the Closing Date for admissions of the Admissions Statement on the School Website)