New Cross College Application Form 2027/28

This is an application form for admission and does not constitute an offer of a place, implied or otherwise. Use of the word 'student' throughout this Application Form does not imply that the person on whose behalf this application is being made is regarded as a having been accepted as a student of New Cross College. Please refer to our admissions policy on our website www.newcross.ie	
Completed applications will be accepted from:	**October 1st 2026**
The closing date for receipt of applications is:	**October 23rd 2026**

All Application Forms and accompanying documentation should be sent to:	For office use only:
New Cross College Cappagh Road Finglas Dublin 11 D11NC56 Or email us at: principal@newcross.ie	Date received: ____/____/_____School Stamp:

Section 1: Prospective Student Information	
Surname:	First Name:
Permanent Address:	Male ☐ Female ☐
	Date Of Birth:
	Country of Birth:
	PPS No:
	Eircode:
	Nationality:
Please provide details of the primary school attended by the student.	
School Name:	
School Address:	

If the student currently/previously has any siblings in this school, please indicate their names and current year of study.	
Name:	
Year:	
Name:	
Year:	

Section 2: Parent(s)/Guardian(s) Information:
The information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.

Parent/Guardian 1:		
Surname:		First Name:
Address: (if different from above):		Email:
		Relationship to Student:
Phone:	(Mob)	(Work)

Parent/Guardian 2:			
Surname:		First Name:	
Address: (if different from above):		Email:	
		Relationship to Student:	
Phone:	(Mob)	(Work)	
Please indicate preference to receive school texts:		Parent 1 ☐	Parent 2 ☐
Please indicate preference for whom school reports/correspondence will be issued:		Parent 1 ☐	Parent 2 ☐

Has the applicant a parent on the staff of New Cross College? Yes or No (Circle)

If yes, please provide the parents' name:

_____

Additional Information:

Mother's Maiden Name:	

Section 3: Special Class for Students with Autism Spectrum Disorder
The special class in New Cross College teaches students who have one or more of the following special educational needs: Autism Spectrum Disorder. Please **ONLY** complete if you are applying for the special class.
Please confirm if this application is being made for: The special class only: ☐ OR The special class **or** the mainstream year group: ☐
Where the prospective student is seeking a place in the special class, please provide details of the special educational needs of the prospective student, including an Educational/Clinical Psychologist's report.

Section 4: Student Code of Behaviour
Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if s/he secures a place in the school. Please note that the Code of Behaviour can be found at www.newcross.ie

I _____confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if s/he secures a place in the school.

IMPORTANT INFORMATION:

- All of the information that you provide in this application form is taken in good faith. If it is found that any of the information is incorrect, misleading, or incomplete, the application may be rendered invalid.
- Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.

- For information regarding how your data is processed by the school please see our data protection policy on https://www.newcross.ie/schools-policies
- Please sign below to demonstrate that you have read and understood this information.

NOTE: Should the student receive a place in New Cross College, there is no guarantee that the student will be assigned his/her selected subject choice due to resource issues and/or restrictions on the numbers of students per class.

_____ _____

(Parent / Guardian 1) (Date)

_____ _____

(Parent / Guardian 2) (Date)

For Office Use Only	
Date application Received:	
Checked by:	
Entered on School Database:	
Entered By:	