



FOIRM IARRATAIS AR LIGINT ISTEACH

APPLICATION FORM FOR ADMISSION

AINM (*Name as per birth certificate*): _____

SEOLADH (*Address*) : _____

Dáta Breithe (*Date of Birth*) _____

Náisiúntacht (*Nationality*) _____

Ainm Máthair: (*Mother's name*) _____

Ainm Athair: (*Father's name*) _____

Naíonra (*Playschool attended*) _____

GUTHÁN (*Phone No*) *Home*: _____

FÓN PÓCA (*Mobile*) : **Mom;** _____

Dad; _____

Uimhir PPS : (*PPS Number*) _____

Reiligiún : (*Religion*) _____

Seoladh Rphost ; (*E-mail*) _____

Muna mbíonn caomhnóirí ar fáil, cén duine a chuirfidh an scoil gloch air/uirthi?

If guardians are unavailable, who can the Gaelscoil contact in the case of an emergency?

Ainm 1:
(Name) _____

Ainm 2:
(Name) _____

Seoladh 1:
(Address) _____

Seoladh 2:
(Address) _____

Guthán 1:
(Phone) _____

Guthán 2:
(Phone) _____

For separated parents, please ensure that we have all LEGAL GUARDIANS' contact numbers and addresses to send reports, organise parent-teacher meetings and send any relevant information

Legal Guardian 2;

Contact Number :

Address :

Please state in detail if your child suffers from any ailment or if he/she is allergic to any food/substance/medicine.

Is your child taking medicine on a regular basis? _____

If so state type of medicine and frequency of taking this medicine:

Is your child required to take medicine during school hours?

If so you are required to give a written statement to the Principal stating that the child is responsible for his/her own medicine and that the class teacher will not be held responsible for the administration of the medicine or for any consequences that may arise.

SÍNÍÚ ; _____

DÁTA _____