|  |  |
| --- | --- |
| C:\Users\Oifig\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\COH1F1D6\GS Crest-01 (2).jpg 111 | **Foirm Iarratais / *Application form*****PRIONTÁIL LE DO THOIL**/ ***PLEASE PRINT ALL RESPONSES*** |
|  |  |

|  |  |
| --- | --- |
| **Ainm an Pháiste:***Child’s full name* |  |
| **Dáta Breithe***Date of Birth* | **Lá/***Day* | **Mí**/*Month* | **Bliain/***Year* |
|  |  |  |
| **Dáta don Chéad Lá ar Scoil.***Date of Entry to school* |  |
|  |  |
|  |
| **Ainm an Tuismitheora/Caomhnóra***Names of Parents/Guardians**PLEASE PRINT* | **(a)** | **(b)** |
| **Ríomhphost/*Email details*:** ***PLEASE PRINT*** |  |  |
| **Uimhir Fón***Phone number* | **(a)** | **(b)** |
| **Seoladh**Address ( **NB:** **Eircode required)**PRIONTÁIL LE DO THOIL***PLEASE PRINT*** |  |
| **UPSP/***PPS number of child* |  |
| **Náisiúntacht/***Nationality* |  |
| **Creideamh/** *Religion* |  |
| **Ainmneacha páistí atá ag freastal ar an nGealscoil***Names of children attending the Gaelscoil at present* | **Ainm/**Name | **Rang**/Class | **Dáta Breithe/** DOB |
| **1.** |  |  |
| **2.** |  |  |
| **Rang ina mbeidh an páiste***Class child will attend* |  |
| **Ar fhreastal an paiste ar scoil/naíonra nó réamhscoil roimhe seo?** *Please tick did your child attend school previously* | **Yes** | **No** |
| **Ainm na Scoile/Naíonra***Name of school/ pre-school* |  |
| **Seoladh na Scoile/ Naíonra***Address of School/Pre-school* |  |
| **Socraithe I gCás Éigeandála***In the event that it becomes necessary to send your child home early (e.g. due to illness, accident, school closure) and we are unable to contact you directly, please give two alternative contacts that may be used (relatives, neighbour etc). You are requested to ensure that* 1. *The person nominated is aware of the arrangement and is satisfied to be listed*
2. *That the person can reach the school in reasonable time/lives nearby etc.*
 |
| **Name**  | **Connection (eg childminder, grandparent, aunt etc)** | **Telephone number (mobile if possible)** |
| **1** |  |  |
| **2.** |  |  |

**In the case of a serious accident at school and parents/guardians are not contactable, do you give your**

**permission for your child to be brought to:**

|  |  |  |
| --- | --- | --- |
| **An Dochtúir** Doctor | **Yes** | **No** |
| **An t-Ospidéal/**Hospital | **Yes** | **No** |
| **Ainm an Dochtúra**Name of family Doctor |  | **Uimhir Fón/**Phone number |
| **Cúlra Leighis** *Medical History***Is your child weak in any of the following areas, and give full details where necessary: Please tick:** |
| **Radharc/*Sight*** | **Ae/*Liver*** |
| **Éisteacht/*Hearing*** | **Géaga/*Limbs*** |
| **Caint/*Speech*** | **Comhordú/*Co-ordination*** |
| **An raibh na tinnis seo a leanas riamh ag an bpáiste?** *Did your child suffer from any of the following illnesses, and give full details where necessary: Please tick* |
| **Bronchitis** |  | **Meningitis** |  |
| **Adenoids** |  | **Tonsilitis** |  |
| **Epilepsy** |  | **Asthma** |  |
| **Scarlet Fever** |  | **Chest/Throat Illness** |  |
| **An bhfuil ailléirgeach ag an leanbh ó thaobh leighis de**? *Is you child allergic to any**medicine? E.g antiseptic, plasters?* |
| **Eolas Breise/***Additional Information(Any allergies,specific dietary needs which should be made known to the school)* |
| **Tugaim cead don scoil.** *I hereby consent the school to:* | **Yes** | **No** |
| **1.Testing of my child and his/her attendance at Learning Support** |  |  |
| **2.Taking photographs of my child at school events, to be displayed in the school/on school website** |  |  |
| **3. Transporting my child to school related activities. E.g School tours, sport activities etc.** |  |  |

**I have read and am in agreement with The School Enrolment Policy**

**Síníú na Tuismitheoirí/Caomhnoirí *Signature of Parents/Guardians***

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Dáta/*Date:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a copy of your child’s birth certificate to this form**