**Foirm Iontrála: Application Form**

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| **Sonraí Iontrála an Scoláire: Student Details** |
| **Sloinne/Surname** |  | **Ainm Baiste/****First Name** |  |
| **Dáta Breithe/****Date of Birth** |  | **USPP (PPSN)** |  |
| **Seoladh/Address:** |  | **Blian Tosnaithe/****Proposed year of commencement** |  |
| **EirCode:** |  |  |  |

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| **Sonraí Tuismitheora/Caomhnóra: Parents’/Guardians’ Details** |
| **Ainm an Mháthair/****Mother’s Name:** |  | **Ainm an Athar/****Father’s Name:** |  |
| **Ainm an Mháthair roimh phósadh/****Mother’s Maiden Name:** |  |  |  |
| **Slí Beatha/****Occupation:** |  | **Slí Beatha/****Occupation:** |  |
| **Uimhir fón póca/****Mobile Phone No:** |  | **Uimhir fón póca/****Mobile Phone No** |  |
| **Obair/Work:** |  | **Obair/Work:** |  |
| **Ríomhphoist/Email:** | **Ríomhphoist/Email:** |

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| **Uimhir Ghutháin Baile/Home Phone No:** |  | **Teanga an Bhaile/****Language used at home:** |  |
| **Creideamh/Religion** |  | **Paróiste/Parish:** |  |

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| **Uimhir (Uimhreacha) agus ainm (ainmneacha) i gcás éigeandála/Contact person in case of necessity (Not those named above):** |
| **Ainm / Name:** |  |
| **Seoladh / Address:** |  |
| **Uimhir Ghutháin /****Telephone Number:** |  |

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| **Cúrsaí Sláinte: Health Matters:** |
| **Aon tinneas nó fadhb phearsanta: Any illness, allergies or developmental difficulties which you feel your child’s school should be aware of:** |
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| **Dochtúir Teaghlaigh/Family Doctor:** |
| ***(Please supply name, address and telephone number of doctor)*** |
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| **Eolas Breise: Additional Information** |
| **Naíonra nó Réamhscoil/****Pre-school or playschool****Previously attended:** |  |

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| **Baill Clainne Níos Óige: Younger Members of Family:** |
| **Ainm/Name** | **Dáta Breithe/Date of Birth** | **Blian Tosnaithe/Proposed year of Commencement** |
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| **Iarrtas agus Dearbhú: Request and Confirmation**Ba mhaith liom mo pháiste a chlarú i nGaelscoil na Cruaiche. Tuigim agus glacaim leis gurb í an Ghaeilge gnáth-theanga caidrimh agus cumarsáide na scoile agus geallaim mo dhícheall a dhéanamh chun cuidiú leis an scoil an Ghaeilge a chur chun cinn.I wish to enrol my child in Gaelscoil na Cruaiche. I understand and accept that Irish is the normal language spoken in this school. I promise to do my best to assist the school in this regard. |
| Siniú na Máthar / Signature of Mother: |  |
| Siniú an Athar / Signature of Father: |  |
| Dáta / Date: |  |