



FOIRM IONTRÁLA (ENROLMENT FORM)
Private & Confidential

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	Lá Day	Mí Month	Bliain Year
Ainm an Tuismitheora/Caomhnóra Name of Parent(s)/Guardian	(a)	(b)	
Uimhir Theileafóin Telephone Number	(a)	(b)	
Seoladh Address			
UPSP PPS Number			
Creideamh Religion			
Ainmneacha páistí atá ag freastal ar an nGaelscoil Names of siblings attending the Gaelscoil at present	Ainm Name	Rang Class	Dáta Breithe D.O.B.
	1.		
	2.		
Rang ina mbeidh an páiste Class child will attend			
Ar fhreastal an páiste ar scoil/naíonra nó réamhscoil roimhe seo? Please tick Did your child attend school previously? (nursery/ pre-school or other primary school)		Yes	No
Príomhoide/Stiúrthóir Principal/Organiser			
Ainm na Scoile/Naíonra Name of School/ Pre-school			
Seoladh na Scoile/Naíonra Address of School/ Pre-school			
Socrúithe i gCás Éigeandála In the event that it becomes necessary to send your child home early (e.g. illness, accident, school closure) and we are unable to contact you, please give two other addressess that can be used (neighbour, relative, friend etc.) You are requested to ensure: (a) That the people nominated are aware of this arrangement and are satisfied with it. (b) That the people nominated live near the school.			

Name	Address	Telephone Number
1.		
2.		
In the case of a serious accident at school and parents/guardians are not contactable, do you give 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 Theileafóin Telephone 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 your 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:		
1. Testing of my child and his/her attendance at Learning Support if necessary	Yes	No
2. Taking photographs of my child at school events, to be displayed in the school/ school website		
3. Transporting my child to school related activities. E.g. School tours, sport activities etc.		
Cóip de Theastas Breithe an linbh. Please enclose a copy of your child's Birth Certificate with this form.		
Síniú an Tuismitheora/ an Chaomhnóra: Signature of Parent/ Guardian _____		
Dáta: Date _____		
Ríomhphost: Email Address _____		