



Uimhir Róla: 19839R

# Gaelscoil Uí Ríordáin

Carraig an Earra, Baile an Chollaigh,  
Corcaigh, P31 V242.

Guthán: 021-4872752  
Ríomhphost: runai@gael scoiluiriodain.ie  
www.gael scoiluiriodain.ie

## Foirm Iarratais (*Application Form*)

<b>Sloinne an Pháiste</b> <i>Child's Surname</i>	_____	<b>Ainm an Pháiste</b> <i>Child's Name</i>	_____
<b>Seoladh</b> <i>Address</i>	_____		
<b>Uimhir Theileafóin</b> <i>Home Phone Number</i>	_____	<b>Dáta Breithe</b> <i>Date of Birth</i>	_____
<b>Uimhir PPS</b> <i>PPS Number</i>	_____	<b>Creideamh</b> <i>Religion</i>	_____
<b>Náisiúntacht</b> <i>Nationality</i>	_____	Buachaill <input type="checkbox"/>	Cailín <input type="checkbox"/> <i>Male Female</i>

I gcás práinne, teagmhálaí: ainm, seoladh agus uimhir theilafóin  
*In the event of an emergency: name, address and telephone number to be contacted*

\_\_\_\_\_

### Sonraí Tuismitheora/Caomhnóra (*Parents/Guardians Details*)

<b>Ainm an Athar/Caomhnóra</b> <i>Name of Father/Guardian</i>	_____	<b>Iar Scoláire</b> <i>Past Pupil</i>	Is ea ( <i>Yes</i> ) <input type="checkbox"/>	Ní hea ( <i>No</i> ) <input type="checkbox"/>
<b>Slí Bheatha</b> <i>Occupation</i>	_____	<b>Áit Oibre</b> <i>Place of Work</i>	_____	
<b>Uimhir Theilafóin</b> <i>Mobile Phone Number</i>	_____	<b>Ríomhphost</b> <i>E-mail</i>	_____	
<b>Ainm na Máthar/Caomhnóra</b> <i>Name of Mother/Guardian</i>	_____	<b>Iar Scoláire</b> <i>Past Pupil</i>	Is ea ( <i>Yes</i> ) <input type="checkbox"/>	Ní hea ( <i>No</i> ) <input type="checkbox"/>
<b>Slí Bheatha</b> <i>Occupation</i>	_____	<b>Áit Oibre</b> <i>Place of Work</i>	_____	
<b>Uimhir Theilafóin</b> <i>Mobile Phone Number</i>	_____	<b>Ríomhphost</b> <i>E-mail</i>	_____	

Cumas sa Ghaeilge - cur tic sna boscaí cuí (*Ability in Irish - please tick as appropriate*)

	Tuismitheoirí/Caomhnóirí ( <i>Parents/Guardians</i> )	
	An tAthair	An Mháthair
Cainteoir dúchais ( <i>Native speaker</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Gaeilge maith ( <i>Competent</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Ar bheagán Gaeilge ( <i>Some Irish</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Tuiscint ( <i>Understanding</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Gan Gaeilge ar bith ( <i>No Irish</i> )	<input type="checkbox"/>	<input type="checkbox"/>

### Cúlra Leighis (*Medical History*)

Aon fhadhb phearsanta nó tinneas ba choir (ar son leas an pháiste) a bheith ar eolas ag an bPríomhoide? (Cur tic sna boscaí chuí)

*Any personal difficulties or illness which (for the child's welfare) should be known to the Principal? (Please tick)*

	Tá ( <i>Yes</i> )	Níl ( <i>No</i> )
Deacracht chainte/éisteachta ( <i>Speech/hearing difficulty</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Múchadh ( <i>Asthma</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Coeliac ( <i>Coeliac</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Diaibéiteas ( <i>Diabetes</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Titeamas ( <i>Epilepsy</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Haemaifilia ( <i>Haemophilia</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Ailléirge ( <i>Allergy</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Tinneas Cluaise ( <i>Ear Trouble</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Tinneas Súl ( <i>Eye Trouble</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Aon fhadhb eile ( <i>Any other problem</i> )	_____	

- Aimneacha deartháireacha/deirfiúracha atá ag freastal ar Ghaelscoil Uí Ríordáin  
(*First names of older siblings attending/applied to attend Gaelscoil Uí Ríordáin*)

Ainm ( <i>Name</i> )	Rang ( <i>Class</i> )	Dáta Breithe ( <i>Date of Birth</i> )
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- An bhfuil an páiste ag freastal ar Réamhscoil? (*Is your child attending Pre-school?*) Tá (*Yes*)  Níl (*No*)

Cén áit? \_\_\_\_\_  
*Where?*

- I gcás timpiste sa scoil, an bhfuil cead do pháiste a thabhairt go dtí an t-ospidéal?  
*In the case of an accident in school, do you give permission to have your child brought to hospital?* Tá (*Yes*)  Níl (*No*)

- Ainm an Dochtúra \_\_\_\_\_ Uimhir Theileafóin \_\_\_\_\_  
*Name of Family Doctor Telephone Number*

- Paróiste ina bhfuil cónaí ar an gclann \_\_\_\_\_  
*Parish in which family resides*

- Any other family information which the school should be made aware of \_\_\_\_\_

### *Eolas Breise (Additional Information):*

An bhfuil diagnóis d'uathachas ag do pháiste? Tá  Níl   
*Has your child been formally diagnosed with Autism? Yes No*

Má tá, cé 'tá freagrach as an measúnú agus cathain a deineadh é?  
*If yes, who conducted the assessment and when?* \_\_\_\_\_

An bhfuil aon diagnóis eile ag do pháiste, m.sh míchumas foghlama?  
*Has your child a diagnosis of any other disability, e.g. a learning disability?* Tá  Níl   
*Yes No*

Má tá, luaigh anseo iad le do thoil:  
*If yes, please give details:* \_\_\_\_\_

An bhfuil measúnú urlabha agus teanga déanta ar do pháiste?  
*Has your child had a speech and language assessment?*

Tá  Níl   
Yes No

An bhfuil measúnú Teiripi Saothair déanta ar do pháiste?  
*Has your child had an Occupational Therapy Assessment?*

Tá  Níl   
Yes No

Bhfuil scrúdú déanta ar radharc do pháiste?  
*Has your child had a sight test?*

Tá  Níl   
Yes No

Bhfuil scrúdú déanta ar éisteacht do pháiste?  
*Has your child had a hearing test?*

Tá  Níl   
Yes No

Iarrtar ort an fhoirm iarrtais seo a líonadh agus é a sheoladh ar aghaidh leis na cáipéisí a leanas.

*Please complete this Application to Enrol form and return it as soon as possible with copies of the following reports:*

- Tástáil siceolaíoch le diagnóis de Neamhord de chuid Speictreaman Uathachais luaithe inti chomh maith le moladh gur chóir don pháiste freastal i rang speisialta bainte le scoil príomhsruthach agus an moladh déanta taobh istigh de 12 mhí (*An up-to-date psychological assessment, i.e. an assessment which has been carried out within the previous 12 months, which clearly specifies that your child meets the DSM IV criteria for diagnosis with A.S.D.*)
- Ráiteas maidir fheidhmiú cognaíocha do pháiste chomh maith le h-anailís iompraíochta. (*A statement of your child's cognitive functioning as well as current behaviour analysis*)
- Tástáil Urlabhraíochta agus Teangan (*Speech and Language Assessment Report*)
- Tástáil Teiripe Shaothair (*Occupational Assessment Report*)
- Torthaí scrúdaithe radharc agus éisteachta má táid ar fáil (*Sight and/or Hearing Tests results if available*)

Cuirfear ainm do pháiste ar liosta feithimh dár ranganna speisialta a luaithe's a thagann an fhoirm iarrtais seo ar ais chugainn. Rachaimid i dteangmháil leat má bhíonn áit ar fáil, chun d'iarratas a phlé. Ní dheimhníonn iarratas áit sa rang speisialta ar chor ar bith. Seolfar cóip dár bpolasaí iontrála maidir leis an rang speisialta chugat chomh maith. Má tá aon eolas breise ag teastáil uait, ní gá ach é a iarraidh ó oifig na scoile.

*On receipt of this application your child's name will be put on a waiting list for consideration for a place in our special class. If a place becomes available, we will contact you to discuss your application. Please note that an application does not guarantee a place. A copy of our admissions policy will be included with this application form. Should you require any further information, please feel free to contact the school.*

Siniú na Máthar/Caomhnóra \_\_\_\_\_  
*Signature of Mother/Guardian*

Dáta \_\_\_\_\_  
*Date*

Siniú an Athar/Caomhnóra \_\_\_\_\_  
*Signature of Father/Guardian*

Dáta \_\_\_\_\_  
*Date*

Don Oifig: Scoilbhliain: \_\_\_\_\_

Dáta: \_\_\_\_\_