



Uimhir Rolla: 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*)

Sloinne an Pháiste <i>Child's Surname</i>	_____	Ainm an Pháiste <i>Child's Name</i>	_____
Seoladh <i>Address</i>	_____		
Uimhir Theileafóin <i>Home Phone Number</i>	_____	Dáta Breithe <i>Date of Birth</i>	_____
Uimhir PPS <i>PPS Number</i>	_____	Creideamh <i>Religion</i>	_____
Náisiúntacht <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*)

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

Cumas sa Ghaeilge - cur tic sna boscaí cúí (*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. _____	_____	_____
4. _____	_____	_____

- 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 _____

Siniú na Máthar/Caomhnóra _____ Dáta _____

Signature of Mother/Guardian Date

Siniú an Athar/Caomhnóra _____ Dáta _____

Signature of Father/Guardian Date

Don Oifig: Scoilbhliain: _____ Dáta: _____