



Foirm Iarratais / Application form

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 Email contact details:	(a)	(b)	
Uimhir Fón Phone number	(a)	(b)	
Seoladh Address (including post code)			
UPSP PPS number			
Creideamh/ Religion			
Ainmneacha páistí atá ag freastal ar an nGaelscoil 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	Yes	No	

roimhe seo? Please tick did your child attend school previously		
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 (a) The person nominated is aware of the arrangement and is satisfied to be listed (b) That the person can reach the school in reasonable time/lives nearby etc.		
Name	Address	Telephone number
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/school website			
3. Transporting my child to school related activities. E.g School tours, sport activities ect.			

Please Note: We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, if your child is offered and accepts their place in the Gaelscoil, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools), from where the data is only processed for the above purpose.

Síniú na tuismitheoirí/ Signature of parents

Date:
