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|  | Seoladh/Address: | Scoil Cholmáin Tuairíní, Moycullen, Co. Galway. H91 YR64 |
| | Guthán/Phone: | (091) 555650 |
| | Ríomhphost/Email: | oifig@scoilcholmaintuairini.ie |
| | Suíomh Idirlín/Website: | www.scoilcholmaintuairini.ie |
| | Uimhir Rolla/Roll Number: | 13415D |

IARRATAS AR CHEAD ISTEACH APPLICATION FOR ADMISSION

| | |
|----------|--|
| 1 | Sonraí an Pháiste CHILD'S DETAILS |
|----------|--|

Líon an fhoirm seo le BLOCLITREACHA, le do thoil/PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

| | | | | |
|--|---------------------|-------------------------------|-------------|--------|
| An rang a iarrtar cead isteach a fháil ann CLASS FOR WHICH ADMISSION IS SOUGHT | | Dáta Tosaithe Start Date | | |
| Ainm an Pháiste CHILD'S NAME AS PER BIRTH CERT | | | | |
| Gnáth ainm an Pháiste FIRST NAME OF CHILD IF DIFFERENT TO ABOVE | | | | |
| Litriú slionne an Pháiste PREFERRED IRISH SPELLING OF SURNAME | | | | |
| Uimhir Phearsanta Seirbhíse Poiblí (Uimh. PSP) an pháiste CHILD'S PERSONAL PUBLIC SERVICE NUMBER (PPSN) | | | | |
| Gnéas an Pháiste CHILD'S GENDER | Fireann MALE | Baineann FEMALE | | |
| Dáta Breithe DATE OF BIRTH | Lá/DAY | Mí/MONTH | Bliain/YEAR | |
| Tír Bhreithe an Pháiste CHILD'S COUNTRY OF BIRTH | | | | |
| Náisiúntacht an Pháiste CHILD'S NATIONALITY | | | | |
| Creideamh an Pháiste CHILD'S RELIGION | | | | |
| Cead Creideamh an Pháiste a inchur ar Bhunachar Sonraí Bunscoile CONSENT TO INPUT CHILD'S RELIGION ON PRIMARY ONLINE DATABASE | | | Tá/YES | Níl/NO |
| Cúlra Eitneach an Pháiste/CHILD'S ETHNIC BACKGROUND | | | | |
| WHITE IRISH | OTHER WHITE | ASIAN/ ASIAN IRISH CHINESE | | |
| IRISH TRAVELLER | BLACK IRISH/AFRICAN | OTHER ASIAN/ASIAN IRISH | | |
| ROMA | OTHER BLACK | OTHER (inc. mixed background) | | |
| Cead Creideamh an Pháiste a inchur ar Bhunachar Sonraí Bunscoile CONSENT TO INPUT CHILD'S RELIGION ON PRIMARY ONLINE DATABASE | | | Tá/YES | Níl/NO |
| Seoladh Baile an Pháiste ar dháta Iarratais CHILD'S HOME ADDRESS ON DATE OF APPLICATION | | | | |
| | | Éircód EIRCODE | | |

| 2 | Scoil/Réamhscoil is déanaí a d'fhreastail an páiste uirthi LAST SCHOOL/PRESCHOOL ATTENDED BY CHILD | |
|--|---|--|
| Ainm na Scoile/Réamhscoile NAME OF SCHOOL/PRESCHOOL | | |
| Seoladh na Scoile/Réamhscoile ADDRESS OF SCHOOL/PRESCHOOL | | |
| | Éircód EIRCODE | |
| Uimhir Ghutháin PHONE NUMBER | | |
| Seoladh Ríomphoist EMAIL ADDRESS | | |
| An fáth a bhfuil an páiste ag fágáil na scoile/réamhscoile REASON CHILD IS LEAVING SCHOOL/PRESCHOOL | Ag Céimiú ó Réamhscoil GRADUATING FROM PRESCHOOL | |
| | Ag cur fúinn i Maigh Cuilinn TAKING UP RESIDENCE IN MOYCULLEN | |
| | Díbeartha ón Scoil/Réamhscoil EXPELLED FROM SCHOOL/PRESCHOOL | |
| | Fáth Eile (tabhair sonraí) OTHER REASON (GIVE DETAILS) | |
| | | |

| 3 | Iarratais chuig Scoileanna Eile APPLICATIONS TO OTHER SCHOOLS | | |
|--|--|---------------------------------|--|
| Sonraí maidir le hiarratais cláraithe curtha chuig scoileanna eile DETAILS OF APPLICATIONS FOR ENROLMENT SUBMITTED TO OTHER SCHOOLS | | | |
| Ainm na Scoile NAME OF SCHOOL | Seoladh Ríomphoist EMAIL ADDRESS | Uimhir Ghutháin PHONE NUMBER | |
| | | | |
| Ar cuireadh áit sa scoil ar fáil duit? HAS A PLACE IN THE SCHOOL BEEN OFFERED TO YOU? | Cuireadh YES | Níor Cuireadh NO | |
| | | | |
| Ar ghlac tú leis an áit? HAVE YOU ACCEPTED THE PLACE? | Ghlac YES | Níor Ghlac NO | |
| | | | |

| | | |
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| 4 | Sonraí na dTuismitheora/gCaomhnóirí Dleathacha DETAILS OF PARENTS/LEGAL GUARDIANS | |
| Ainm an Athar/Caomhnóir Dleathach NAME OF FATHER/LEGAL GUARDIAN | | |
| Sloinne an Athar/Caomhnóir Dleathach SURNAME OF FATHER/LEGAL GUARDIAN | | |
| Seoladh Ríomhphoist EMAIL ADDRESS | | |
| Uimhir Ghutháin PHONE NUMBER | | |
| Seoladh Baile (más difriúl ó Sheoladh Baile an Pháiste) HOME ADDRESS (IF DIFFERENT FROM CHILD'S HOME ADDRESS) | Éircód EIRCODE | |
| | | |
| Náisiúntacht NATIONALITY | | |
| Slí Bheatha/Láthair Oibre OCCUPATION/ WORKPLACE | | |
| Uimhir Ghutháin Oibre WORK PHONE NUMBER | | |

| | | |
|--|--------------------------|--------|
| Ainm na Máthar/Caomhnóir Dleathach NAME OF MOTHER/LEGAL GUARDIAN | | |
| Sloinne na Máthar/Caomhnóir Dleathach SURNAME OF MOTHER/LEGAL GUARDIAN | | |
| Sloinne Réamhphósta na Máthar MOTHER'S MAIDEN NAME | | |
| Seoladh Ríomhphoist EMAIL ADDRESS | | |
| Uimhir Ghutháin PHONE NUMBER | | |
| Seoladh Baile (más difriúl ó Sheoladh Baile an Pháiste) HOME ADDRESS (IF DIFFERENT FROM CHILD'S HOME ADDRESS) | Éircód EIRCODE | |
| | | |
| Náisiúntacht NATIONALITY | | |
| Slí Bheatha/Láthair Oibre OCCUPATION/ WORKPLACE | | |
| Uimhir Ghutháin Oibre WORK PHONE NUMBER | | |
| Dlí Teaghlaigh: An bhfuil aon Orduithe Dlí i bhfeidhm? Féach Nótaí. FAMILY LAW: ARE ANY LEGAL ORDERS IN FORCE? | Tá/YES | Níl/NO |
| | | |

| 5 | | Teagmhálacha i gcás éigeandála (muna bhfuil tuismitheoirí/caomhnóirí ar fáil) EMERGENCY CONTACTS (IF PARENTS/GUARDIANS ARE UNAVAILABLE) | |
|---|--------------|--|--|
| Teagmháil Éigeandála 1 EMERGENCY CONTACT 1 | Ainm NAME | | |
| Uimhir Ghutháin PHONE NUMBER | | | |
| Seoladh Baile HOME ADDRESS | | Éircód EIRCODE | |
| | | | |
| Gaul leis an bPáiste RELATIONSHIP TO CHILD | | | |
| Teagmháil Éigeandála 2 EMERGENCY CONTACT 2 | Ainm NAME | | |
| Uimhir Ghutháin PHONE NUMBER | | | |
| Seoladh Baile HOME ADDRESS | | Éircód EIRCODE | |
| | | | |
| Gaul leis an bPáiste RELATIONSHIP TO CHILD | | | |

| 6 | | Daoine eile atá udaraithe chun an páiste a bhailiú ón scoil OTHER PERSON AUTHORISED TO COLLECT THE CHILD FROM SCHOOL | |
|---|--|---|--|
| Ainm NAME | | | |
| Uimhir Ghutháin PHONE NUMBER | | | |
| Seoladh Baile HOME ADDRESS | | Éircód EIRCODE | |
| | | | |
| Gaul leis an bPáiste RELATIONSHIP TO CHILD | | | |

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| 7 | Ceangal leis an scoil CONNECTION TO THE SCHOOL | | | |
| Deirfiúracha/Dearthaireacha sa scoil faoi láthair SIBLINGS CURRENTLY IN THE SCHOOL | | | | |
| Ainm NAME | | Rang CLASS | | |
| Ainm NAME | | Rang CLASS | | |
| Ainm NAME | | Rang CLASS | | |
| Deirfiúrach/Dearthair sa scoil roimhe seo (ainmnigh duine amháin) SIBLING FORMERLY IN THE SCHOOL (name one person) | | | | |
| Ainm NAME | | Rang CLASS | | |
| Tréimhse Freastála PERIOD OF ATTENDANCE | Ó FROM | | Go TO | |
| Tuismitheoir(i) a d'fhreastail ar an scoil PARENT(S) WHO ATTENDED THE SCHOOL | | | | |
| Ainm NAME | | Ainm NAME | | |
| Tréimhse Freastála PERIOD OF ATTENDANCE | Ó FROM | | Go TO | |

| | | | | |
|--|--|---------------|-------------------|------------------------------|
| 8 | Sealbhú Teanga LANGUAGE ACQUISITION | | | |
| An teanga is mó a labhraítear sa bhaile (féach nótaí) MAIN LANGUAGE SPOKEN AT HOME (see notes) | | | | |
| Líofacht Béarla an Pháiste (ábaltacht Béarla a labhairt) CHILD'S FLUENCY IN ENGLISH (ABILITY TO SPEAK ENGLISH) | | | | |
| Thar Cionn EXCELLENT | An-mhaith VERY GOOD | Maith GOOD | Bunúsach BASIC | Béarla ar bith NO ENGLISH |
| | | | | |
| Líofacht Gaeilge an Pháiste (ábaltacht Gaeilge a labhairt) CHILD'S FLUENCY IN IRISH (ABILITY TO SPEAK IRISH) | | | | |
| Thar Cionn EXCELLENT | An-mhaith VERY GOOD | Maith GOOD | Bunúsach BASIC | Béarla ar bith NO IRISH |
| | | | | |
| I do thuairimse, an bhfuil aon riachtaí teanga ag an bpáiste. Más é do thuairim go bhfuil, tabhair sonraí thíos. IN YOUR OPINION, DOES THE CHILD HAVE ANY LANGUAGE NEEDS? IF SO, PROVIDE DETAILS BELOW. | | | Tá YES | Níl NO |
| | | | | |

| 9 | Cúrsaí Sláinte HEALTH | |
|--|----------------------------------|--|
| Ríochtaí Sláinte/Bia/Ailléirgí MEDICAL/HEALTH/DIETARY ISSUES | | |
| Leigheas Forordaithe le Coinneáil ar Scoil. PRESCRIBED MEDICINE TO BE KEPT AT SCHOOL | | |
| Ailléirge le Leigheas ALLERGY TO MEDICINE | | |
| Dochtúir an Pháiste CHILD'S DOCTOR | | |
| Uimhir Ghutháin an Dhochtúra DOCTOR'S PHONE NUMBER | | |
| Seoladh an Dhochtúra ADDRESS OF DOCTOR'S SURGERY | | |
| | Éircód EIRCODE | |

| 10 | Measúnú ASSESSMENT | |
|--|-------------------------------|--------|
| <p>Sonraí faoi Mheasúnaithe no Tuaraiscís déanta. Ba chóir go gcuirfí cóipeanna ar fáil don scoil agus áit sa scoil á ghlacadh. DETAILS OF ASSESSMENTS OR REPORTS DONE. COPIES SHOULD BE MADE AVAILABLE TO THE SCHOOL ON ACCEPTANCE OF A PLACE IN THE SCHOOL.</p> | | |
| ASSESSMENT | PROFESSIONAL/AGENCY | DATE |
| SPEECH THERAPY | | |
| OCCUPATIONAL THERAPY | | |
| PSYCHOLOGICAL | | |
| PAEDIATRIC/MEDICAL | | |
| OTHER ASSESSMENTS/REPORTS INCLUDING THOSE PENDING | | |
| An bhfuil do pháiste ag fáil tacaíochta ó CRS IS/WAS YOUR CHILD IN RECEIPT OF SNA SUPPORT | Tá/YES | Níl/NO |
| | | |

| 11 | Glacadh agus Toiliú ACKNOWLEDGEMENT AND CONSENT | | |
|---|--|------------|-----------|
| TOILIÚ/CONSENT | | YES | NO |
| I consent to basic FIRST AID being administered to my child by school staff in the event of him/her having an accident, sustaining an injury or becoming unwell. | | | |
| I consent to my child being brought to a DOCTOR or a HOSPITAL in the event of an accident or medical emergency and to his/her receiving such treatment and being administered such medicine as medical personnel consider necessary. <i>Every effort will be made to contact you beforehand.</i> | | | |
| I consent to PHOTOGRAPHS and VIDEOS of my child being recorded and published on the school's website, the school newsletter, in-school publications, online platforms in use by the school (DataBiz, Google Classroom, SeeSaw etc.) and publications approved by the school in accordance with the school's POLICY REGARDING PHOTOGRAPHS. | | | |
| I consent to my child's engagement with such digital and internet based teaching and learning platforms as have been selected by the school, e.g. SeeSaw, Google Classroom. | | | |
| I consent to such educational/academic SCREENING and DIAGNOSTIC TESTS as are considered appropriate by the school being administered to my child to support his/her educational development. | | | |
| I consent to my child attending the Learning Support Teacher/Special Educational Needs Teacher if considered necessary by the school. | | | |
| I consent to my child's participation in supervised OFF-SITE SCHOOL ACTIVITIES such as school tours, class trips, local walks and outings, sporting events, visits to theatre and cinema, educational exhibitions, swimming lessons etc. | | | |
| I have read and accept the school's CODE OF BEHAVIOUR and I agree to make all reasonable efforts to ensure my child's compliance with same. | | | |
| I have read and accept the school's ANTI-BULLYING POLICY and agree to abide by same. | | | |
| I have read and accept the school's ACCEPTABLE INTERNET USE POLICY and agree to abide by same. | | | |
| Glacadh ACKNOWLEDGEMENT | | | |
| I am aware that the information on this form will be stored on the school's data management system and the Department of Education's Primary Online Database. | | | |
| I acknowledge and accept that the school shares pupil names and contact details with the HSE for the purpose of scheduling vaccination, hearing and vision screening and dental examinations. | | | |
| I acknowledge that The Education (Welfare) Act 2000 (Section 28) and the (Prescribed Bodies) Regulations 2005 allows the school to share relevant information concerning a child transferring between our school and another recognised school without breaching data protection law. | | | |
| I acknowledge and accept that the school teaches the Stay Safe Programme and the Relationships and Sexuality Programme, both of which are part of the Department of Education & Skills Social and Personal Health Education Curriculum. | | | |
| I will undertake to see that my child will attend school punctually and regularly. | | | |

**Dearbhú
DECLARATION**

I have read and understood the above consents and acknowledgements.

I have read and understood the school's policies which are available on the School Website (or in hard copy from the office) and I undertake that I and my child will comply with all school rules and policies.

I wish to apply for the admission of my child to Scoil Cholmáin Tuairíní.

| | | | |
|---|--|--------------|--|
| Sínithe Tuismitheora/Caomhnóra PARENT/GUARDIAN SIGNATURE | | Dáta DATE | |
| Sínithe Tuismitheora/Caomhnóra PARENT/GUARDIAN SIGNATURE | | Dáta DATE | |

If you are the only PARENT/GUARDIAN providing a signature, please tick and sign the applicable section below.

The child's other parent/guardian is fully aware of and in agreement with this enrolment application and is in agreement with the consents, terms and conditions as outlined.

| | | | |
|---|--|--------------|--|
| Sínithe Tuismitheora/Caomhnóra PARENT/GUARDIAN SIGNATURE | | Dáta DATE | |
|---|--|--------------|--|

I am the sole parent/guardian of my child and have sole custody of him/her.

| | | | |
|---|--|--------------|--|
| Sínithe Tuismitheora/Caomhnóra PARENT/GUARDIAN SIGNATURE | | Dáta DATE | |
|---|--|--------------|--|

**Eolas Breise a bheadh cabhrach don scoil
ADDITIONAL INFORMATION THAT WOULD BE OF ASSISTANCE TO THE SCHOOL**

WHEN SUBMITTING THIS APPLICATION FOR ENROLMENT FORM TO SCOIL CHOLMÁIN TUAIRÍNÍ, PLEASE ENSURE THAT YOU INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- A copy of your child's **Birth Certificate**
- **Proof of Address** at the time of application

Failure to provide these documents will render an application incomplete.