GAELSCOIL DHOCHTÚIR UÍ SHÚILLEABHÁIN

Gort Na Cloiche, An Sciobairín,

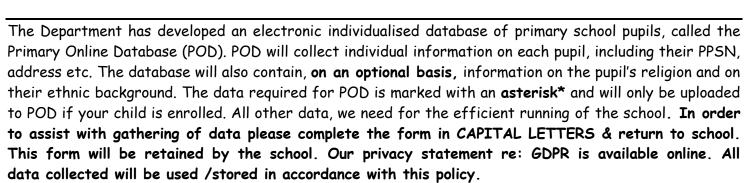
Co. Chorcaí

Enrolment Form / Foirm Iontrála.

Fón/Tel: 028 21192

Ríomhphost: gaelscoil21192@hotmail.com

Suíomh idirlín: www.gaelscoil.net



*Name of child:	Gender: Male/female
*Address:	*EIR Code:
*Date of Birth:	*Birth Cert included/mandatory: Yes /No
*PPSN (Mandatory)	
* Mother's maiden name:	
* Is one of the pupil's mother tongue (i.e. language spok	en at home) Irish or English? Yes/No
*Religion	
If Catholic has your child been baptised: Yes / No	Parish:
(Copy of Baptismal Cert required if baptised outside Ski * To which ethnic or cultural background group does you traveller, Asian background, Black African, Other black	r child belong (eg. White Irish, Irish
The following information is required for the efficient running	of the school and will not be uploaded to POD
E-mail:	
Please nominate a mobile number which the school will us	e for text communication and emergencies:
Mobile:	

Mother's name:	Telephone number:		
Address:			
-Mail Address Mother:			
ather's name:	Telephone number:		
ddress:			
ledical History (including any	relevant reports/ assessments)		
llergies: edication:			- - -
	nber:		
f Parent(s)/Guardian(s) not	available, please contact:		
	Phone number		_
lease answer yes or no to t	he following (Please circle as appropriate)		
• Our child is allowed to ta	ake part in the relationships and sexuality education (RSE) programme:	Yes	No
Our child is allowed to ta	ake part in the Stay Safe programme:	Yes	
	o a doctor/hospital in case of emergency if we cannot be contacted:	Yes	No
•	photographs on our school website (names will not appear beside photo):	Yes	No
•	photographs in local/national media (names will not appear beside photo (used for competitions etc) schools code of discipline is available on the school website & we	Yes	No
agree to adhere to this co		Yes	No
in case of illness or toilet		Yes	No
	litional help from the learning support teacher. should it be recommended by staff)	Yes	No
I have informed the scho	ool of any medical/educational or physical needs/reports my child has.	Yes	No
hould you have any concerns	about the above questions do not hesitate to talk to class teacher/pr	incip	al.
arent(s) signature(s):	Parent :		
oate:	Date:		