



# CLOCH na gCOILLTE IARTHAR CHORCAÍ

Guthán: 023-8834882

E-phaist: [eolas@guelscoilcnag.ie](mailto:eolas@guelscoilcnag.ie)

Suíomh Idirlíon: [www.guelscoilcnag.ie](http://www.guelscoilcnag.ie)

Leabhair Rolla: 20006A

*"Ar scáth a chéile a mhairimid"*

## FOIRM IARRATAIS

*Notification to Apply to Gaelscoil Mhichíl Uí Choileáin*

This is not an application form and does not form part of the selection process for Gaelscoil Mhichíl Uí Choileáin. The school will make a record of persons wishing to enrol their child/children in the school for no other purpose other than being in a position to send out application forms at the appropriate time.

Please enter your child's details in the form below and return it to the school reception.

Please also see our Enrolment and Admissions Policy on the school website.

Please complete **ALL** sections clearly in **BLOCK CAPITAL LETTERS**

### SONRAÍ LINBH

*Child's Details*

**CÉAD AINM** (*First Name*): \_\_\_\_\_

**SLOINNE** (*Surname*): \_\_\_\_\_

**DÁTA BREITHE** (*Date of Birth*): \_\_\_\_\_

**BLIAIN AG TOSNÚ** (*Proposed Entry Class and Year*): \_\_\_\_\_

**SEOLADH BAILE** (*Home Address*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ÉIRCÓD** (*Eircode*): \_\_\_\_\_

**GUTHÁN BAILE** (*Home Telephone No.*): \_\_\_\_\_

## SONRAÍ TUISTE 1

*Parent/Guardian 1 Details*

**CÉAD AINM** (*First Name*): \_\_\_\_\_

**SLOINNE** (*Surname*): \_\_\_\_\_

**SEOLADH BAILE** (*Home Address*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ÉIRCÓD** (*Eircode*): \_\_\_\_\_

**R-PHOIST** (*E-mail address*): \_\_\_\_\_

## SONRAÍ TUISTE 2

*Parent/Guardian 2 Details*

**CÉAD AINM** (*First Name*): \_\_\_\_\_

**SLOINNE** (*Surname*): \_\_\_\_\_

**SEOLADH BAILE** (*Home Address*):  
**(If different from Parent/Guardian 1)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ÉIRCÓD** (*Eircode*): \_\_\_\_\_

**R-PHOIST** (*E-mail address*): \_\_\_\_\_

I/We wish to give notice our intention to apply for enrolment in respect of our son/daughter named above to Gaelscoil Mhichíl Uí Choileáin in accordance with the foregoing information, and request that an application form is sent to me/us at the appropriate time.

I/We understand that this notification places the intending applicant on a list of those requiring enrolment application for the stated year. I/We understand that this notification does not offer any priority whatsoever to the intending applicant nor does it guarantee any place for him/her for the year requested or for any other year.

I/We understand that it is my/our responsibility to communicate to the school any change in our address for correspondence.

Data Protection: The information on this form will be kept securely in line with the schools Data Protection Policy. The information included in this form will only be assessed by relevant authorised staff and members of the Board of Management of Gaelscoil Mhichíl Uí Choileáin.

### DON OIFIG AMHÁIN (*Office use only*)

**Dáta Faighte:** \_\_\_\_\_ **Tag an Bhliain Seo:** \_\_\_\_\_

**Glacadh ag** (*Ainm ball an fhoireann*): \_\_\_\_\_

**Siniú** (*ball an fhoireann*): \_\_\_\_\_