



GAELSCOIL MHICHÍL UÍ CHOILEÁIN

Cloch na gCoillte, Co. Chorcaí.

P85 YV90

eolas@gsmc.ie | (023) 88 34 882 | www.gsmc.ie

— "Ar scáth a chéile a mbairimid" —

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 at:
<https://www.gsmc.ie/en/policies>

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

**DON OIFIG
AMHÁIN**

(Office use only)

Tag an Bhliain Seo:

SONRAÍ LINBH

Child's Details

CÉAD AINM (*First Name*): _____

SLOINNE (*Surname*): _____

DÁTA BREITHE (*Date of Birth*): _____

BLIAIN AG TOSNÚ (*Proposed Start Year*): _____

RANG TOSNÚ: (*Proposed Entry Class*): _____

SEOLADH BAILE (*Home Address*):

ÉIRCÓD (*Eircode*): _____

SONRAÍ TUISTE 1 *Parent/Guardian 1 Details*

CÉAD AINM: _____ **SLOINNE:** _____
(First Name) *(Surname)*

R-PHOIST *(E-mail address):* _____

GUTHÁN PÓCA *(Mobile Phone Number):* _____

SEOLADH BAILE *(Home Address):*

ÉIRCÓD: _____ **GUTHÁN BAILE:** _____
(Eircode) *(Home Telephone No.)*

SONRAÍ TUISTE 2 *Parent/Guardian 2 Details*

CÉAD AINM: _____ **SLOINNE:** _____
(First Name) *(Surname)*

R-PHOIST *(E-mail address):* _____

GUTHÁN PÓCA *(Mobile Phone Number):* _____

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

ÉIRCÓD: _____ **GUTHÁN BAILE:** _____
(Eircode) *(Home Telephone No.)*

I/We wish to give notice of 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 postal address(es) or other contact details 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):* _____