



# Gaelscoil Choráin Eochail

Uimhir Rolla: 19833F

Guthán: 024 93547

## Iarratas Ionrollú / Application For Admission Scoilbhliain 2024-25 / School Year 2024-25

### **PRÍOBHÁIDEACH & FÉ RÚN / PRIVATE & CONFIDENTIAL:**

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child. **Filling in this application form does not guarantee a place in our school. Your application will not be accepted unless you enclose a copy of your child's Birth Certificate.**

**SPRIOCÁDÁTA / CLOSING DATE: An 20ú Samhain, 2023 / November 20<sup>th</sup> 2023**

### BLOCLITREACHA LED' THOIL / USE BLOCK CAPITALS PLEASE

1. Ainm an Pháiste / Child's Name: \_\_\_\_\_

2. Dáta Bhreithe / Date of Birth: \_\_\_\_\_

3. Child's PPS Number: \_\_\_\_\_

4. Ainm trí Ghaeilge / Surname in Irish: (if known)

\_\_\_\_\_

5. Seoladh Baile / Home Address: \_\_\_\_\_

\_\_\_\_\_

6. TUISTÍ-CAOMHNÓIRÍ / PARENTS-GUARDIANS: The following information is needed for registration purposes.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Nationality: \_\_\_\_\_

Nationality: \_\_\_\_\_

Ainm Sloinne an Mhathair / Mothers Maiden Name: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

7. Guthán Baile / Home Phone No: \_\_\_\_\_

8. Guthán So-Ghluaiste / Mobile: Máthair/Mother \_\_\_\_\_ Athar/Father \_\_\_\_\_

9. Guthán Oibre / Work Phone No: Máthair/Mother \_\_\_\_\_ Athar/Father \_\_\_\_\_

10. Riomh-Phost/E-Mail: Máthair/Mother \_\_\_\_\_  
Athar/Father \_\_\_\_\_

11. Dara Seoladh/Name and Address of any parent not residing at main home address (if applicable):

Ainm/Parent's Name: \_\_\_\_\_

Seoladh/Address: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

12. Uimhir Páistí sa Chlann / Number of children in the family: \_\_\_\_\_

13. 1<sup>st</sup> contact person if Parent/Guardian not available:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

2<sup>nd</sup> contact person if Parent/Guardian not available:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

14. Religiún / Religion: \_\_\_\_\_ (Baptist, Church of Ireland, Muslim, Roman Catholic, Jehovah, Hindu, None, etc.)

15. Ball Clainne sa Scoil / Name and class of brothers/sisters already in the school (if applicable):

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

16. Iar-Scoile / Name and address of pre-school or previous school attended: \_\_\_\_\_

\_\_\_\_\_

17. Guthán / Phone no. of previous school: \_\_\_\_\_

I give permission to Gaelscoil Choráin to discuss the needs of my son/daughter with the pre-school/school listed above.

Yes  No

18. Sonraí Dochtúra / Name and phone no. of Family Doctor: \_\_\_\_\_

\_\_\_\_\_

19. Sonraí Fiaclóra /Name and phone no. of Family Dentist: \_\_\_\_\_

\_\_\_\_\_

20. Cursaí Leighis / Any allergies/medical condition:

Yes  No

If yes please give details: \_\_\_\_\_

21. Deacrachtaí Eile / Does your child appear to have any difficulties with the following:

Hearing: Yes

No  Speech: Yes  No  Vision: Yes  No

If you have answered yes to any/all of the above please give details:

**RIACHTANASÁI SPEISÍALTA / IF YOUR CHILD HAS ANY ASSESSMENTS RELATING TO HIS/HER DEVELOPMENT OR SPECIAL NEEDS PLEASE MAKE AN APPOINTMENT TO DISCUSS SAME WITH THE PRINCIPAL BEFORE November 20<sup>th</sup>, 2023 TO ENABLE THE SCHOOL TO APPLY FOR APPROPRIATE RESOURCES FOR THE COMING YEAR.**

22. CEAD / Do you give permission for your child to go on educational school trips under teacher supervision during the school day. e.g incidental trips/walks to local historical buildings etc.

Yes  No

23. CEAD / Sometimes our school or journalists visiting our school take pictures of the children e.g. awards/prizes, sporting events, school activities, first day at school etc. Do you give permission for your child to be photographed for school projects, school related social media pages, local newspapers, and school related activities?

Yes  No

24. The Board of Management cannot be held responsible for pictures/video taken by parents at matches, the Christmas Play, Celebrations, School Concert etc. In acceptance of this enrolment please accept that general photos may be taken and shared in promotion of the school, please attach letter if you do not wish your child to be included in such photos.

Yes  No

25. CEAD / Sometimes the school is requested to pass on names of children and their addresses to the H.S.E for the protection of your child's health and welfare. Do you allow the school to pass on this information to H.S.E.

Yes  No

26. CEAD / I give permission for my child to be withdrawn as part of a group for group teaching. (where a group from within the class are withdrawn for teaching in a certain subject area for a set period of time or according to a certain rota, this is very important particularly in multiple class situations)

Siniú / Signature: \_\_\_\_\_

27. CEAD / I give permission for my child to receive special education teaching as deemed appropriate.

Siniú / Signature: \_\_\_\_\_

28. Cumhdach Leanaí/ Under 'The Children's First Act 2015' and as detailed in the school's Child Safeguarding Statement, I understand that the school has a statutory obligation in terms of child safeguarding Registered teachers are mandated persons under this act and this means that amongst their responsibilities they must report child protection concerns over a defined threshold to Tusla.

Siniú/ Signature: \_\_\_\_\_

29. Aontas le Cód Iompair na Scoile / I have read the Code of Behaviour and I confirm my acceptance of same and my support for my child in abiding by it in its totality.

Siniú / Signature: \_\_\_\_\_

30. Aontas leis an bpolasaí úsáidte inghlactha/I have read The Acceptable Use of Technology (AUP) policy on the school website. I grant permission for my child to have access to the internet during supervised classroom or small group sessions. I accept my own responsibility for the education of my child(ren) on issues of Internet Responsibility and Safety.

Siniú / Signature: \_\_\_\_\_

Cruinneas Eolais / The information I have given in this form is accurate.

Siniú / Parent's / Guardian's signature: \_\_\_\_\_  
\_\_\_\_\_

**TÁBHACHTACH / IMPORTANT: IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.**