



Gaelscoil Choráin Eochail

Uimhir Rolla: 19833F

Guthán: 024 93547

Iarratas Ionrollú / Application For Admission Scoilbhliain 2025/26 / School Year 2025/26

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.**

SPRIOCÁTA / CLOSING DATE: An 25ú Samhain, 2024 / November 25th 2024

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: _____

Eirchód/Eircode: _____

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. 1st contact person if Parent/Guardian not available:

Name: _____ Phone No: _____

2nd 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:

RIACHTANASAÍ 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 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.