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Scoil Mhuire, Maigh Cuilinn, Co. na Gaillimhe

Teileafón

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Ríomhphost:

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Uimhir Rolla:

19529C

**Iarratas Cláraithe**  
**Application for Enrolment**

**Líon le bloclitreacha le'd thoil**  
**PLEASE FILL IN BLOCK CAPITALS**

Ainm an Pháiste CHILD'S NAME		Dáta Breithe DATE OF BIRTH	Lá/DAY	Mí/MONTH	Bliain/YEAR			
Le clárú i Scoil Mhuire ar an dáta seo a leanas TO ENROL IN SCOIL MHUIRE ON (approx date if uncertain)			Lá/DAY	Mí/MONTH	Bliain/YEAR			
An rang ina mbeidh an páiste ag clárú CLASS IN WHICH CHILD WILL BE ENROLLING								
Seoladh Baile ADDRESS		Gnéas GENDER	Fir. MALE		Bain. FEMALE			
			Creideamh RELIGION	Consent to input child's religion on PRIMARY ONLINE DATABASE?			Yes	No
				Uimhir PPS PPSN				
Tír Bhreithe COUNTRY OF BIRTH		Náisiúntacht NATIONALITY						
Cúlra Eitneach agus an Pháiste CHILD'S ETHNIC BACKGROUND								
White Irish		Other White		Asian/Asian Irish Chinese				
Irish Traveller		Black Irish/Black African		Other Asian/Asian Irish (other Asian background)				
Roma		Other Black (other Black background)		Other (inc. mixed background)				
Consent to input child's Ethnic Background on POD?								
Ríochtaí Sláinte/Ailéirgí MEDICAL/HEALTH/DIETARY ISSUES/ALLERGIES								
Dochtúir an Phaiste CHILD'S DOCTOR		Uimh. Ghuth. an Dhochtúra DOCTOR'S PHONE NO.						
Seoladh an dhochtúra DOCTOR'S ADDRESS								
Réamhscoil is déanaí LAST SCHOOL OR PRESCHOOL ATTENDED		Uimh. Ghuth. na Scoile/Réamhscoile SCHOOL/PRESCHOOL PHONE NO.						
Seoladh na Scoile/Reamhscoile ADDRESS OF SCHOOL/PRESCHOOL								
Sonraí an Athar FATHER'S DETAILS			Sonraí na Máthar MOTHER'S DETAILS					
Ainm NAME			Ainm agus Sloinne NAME & SURNAME					
Sloinne SURNAME			Sloinne Reamhphósta MAIDEN NAME					
Náisiúntacht NATIONALITY			Náisiúntacht NATIONALITY					
Slí Bheatha OCCUPATION			Slí Bheatha OCCUPATION					

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Uimhir Ghutháin Oibre WORK PHONE NO.		Uimhir Ghutháin Oibre WORK PHONE NO.			
Seoladh Baile HOME ADDRESS		Seoladh Baile HOME ADDRESS			
Uimhir Ghutháin PHONE NUMBER		Uimhir Ghutháin PHONE NUMBER			
Guthán Soghluaiste MOBILE PHONE		Guthán Soghluaiste MOBILE PHONE			
Seoladh Ríomhphoist EMAIL ADDRESS		Seoladh Ríomhphoist EMAIL ADDRESS			
Daoine a bhfuil cead acu mo pháiste a bhailiú ón scoil PEOPLE WHO ARE AUTHORISED TO COLLECT MY CHILD FROM SCHOOL					
Ainm NAME		Uimhir Ghutháin PHONE NUMBER			
Ainm NAME		Uimhir Ghutháin PHONE NUMBER			
Teagmháil muna bhfuil na tuistí/caomhnóirí ar fáil CONTACT IF PARENTS/GUARDIANS ARE UNAVAILABLE					
Ainm NAME		Seoladh Baile HOME ADDRESS			
Uimhir Ghutháin PHONE NUMBER					
Gaol leis an bPáiste RELATIONSHIP					
Dearthaireacha/Deirfiúracha sa scoil faoi láthair SIBLINGS CURRENTLY IN THE SCHOOL	Ainm NAME		Rang CLASS		
	Ainm NAME		Rang CLASS		
	Ainm NAME		Rang CLASS		
Dearthair/Deirfiúr sa scoil roimhe seo SIBLING FORMERLY IN THE SCHOOL	Ainm NAME		Ó/FROM	Go/TO	
Ar fhreastail tuismitheoir ar an scoil seo? DID A PARENT ATTEND THIS SCHOOL?	Athair/Máthair/an bheirt FATHER/MOTHER/BOTH		Ó/FROM	Go/TO	
Teanga a labhraítear sa bhaile LANGUAGE SPOKEN AT HOME					
Líofacht sa Ghaeilge (cur tic sa bhosca cuí) FLUENCY IN IRISH (TICK THE APPROPRIATE BOX)	An Páiste CHILD	An t-Athair FATHER	An Mháthair MOTHER		
Cainteoir Dúchais NATIVE SPEAKER					
Go Breá Líofa VERY FLUENT					
Cúbhéasach Líofa REASONABLY FLUENT					
Tuiscint Bhunúsach BASIC UNDERSTANDING					
Gan Ghaeilge ar Bith NO IRISH					

<b>3</b>	<b>Toilú CONSENT</b>	<b>Toilim YES</b>	<b>Ní Thoilim NO</b>
I CONSENT TO MY CHILD'S PARTICIPATION IN THE SCHOOL'S R.S.E. PROGRAMME			
I CONSENT TO MY CHILD ATTENDING THE LEARNING SUPPORT/RESOURCE TEACHER IF DEEMED NECESSARY BY THE SCHOOL			
I CONSENT TO MY CHILD'S PHOTOGRAPH/IMAGE BEING INCLUDED IN SCHOOL BASED ACTIVITIES AND PUBLICATIONS AS PER THE SCHOOL'S POLICY			
I ACKNOWLEDGE THAT IT IS A CONDITION OF ENROLMENT IN STATE PRIMARY SCHOOLS THAT MY CHILD'S DETAILS WILL BE STORED ON THE PRIMARY ONLINE DATABASE.			
I CONSENT TO MY CHILD'S DETAILS (NAME, ADDRESS, DATE OF BIRTH ETC.) BEING GIVEN TO THE H.S.E.			
I CONSENT TO MY CHILD BEING BROUGHT TO A DOCTOR/HOSPITAL IN AN EMERGENCY AND TO HIS/HER RECEIVING SUCH TREATMENT AS THE MEDICAL PERSONNEL MAY DEEM NECESSARY. (EVERY EFFORT WILL BE MADE TO CONTACT YOU BEFOREHAND)			
I CONSENT TO BASIC FIRST AID BEING PERFORMED ON MY CHILD, IF NECESSARY			
I CONSENT TO MY CHILD'S PARTICIPATION IN ACTIVITIES SUCH AS SCHOOL TOURS, OUTINGS, SPORTING EVENTS ETC.			
I CONSENT TO MY CHILD, IN THE EVENT OF A TOILETING ACCIDENT, BEING WASHED AND CHANGED PENDING HIS/HER COLLECTION OR CONTACT BEING MADE WITH YOU			
Síniú Tuismitheora/Caomhnóra PARENT'S/GUARDIAN'S SIGNATURE:		Dáta DATE	

<b>Measúnú ASSESSMENT</b>		
<b>Please give details of assessments or reports done, if any.</b>		
<b>Please note that copies of any assessments done must be supplied to Scoil Mhuire upon enrolment.</b>		
ASSESSMENT	PROFESSIONAL/AGENCY	DATE
Speech Therapy Assessment/Report		
Occupational Therapy Assessment/Report		
Educational Psychological Assessment/Report		
Other Assessment/Reports		

<b>Dearbhú DECLARATION</b>			
<p>I ACKNOWLEDGE THAT I HAVE READ AND ACCEPTED THE SCHOOL HANDBOOK, ENROLMENT POLICY, HEALTHY EATING POLICY, CODE OF BEHAVIOUR, CHILD PROTECTION POLICY AND ANTI-BULLYING POLICY AND AGREE TO ABIDE BY THE SAME.</p> <p>I WISH TO ENROL MY CHILD _____ IN SCOIL MUIRE.</p> <p>I DECLARE THE INFORMATION I HAVE GIVEN TO BE CORRECT AND I UNDERSTAND THAT IT WILL BE HELD IN CONFIDENCE BY THE SCHOOL.</p>			
Síniú Tuismitheora/Caomhnóra PARENT'S/GUARDIAN'S SIGNATURE		Dáta DATE	
Síniú Tuismitheora/Caomhnóra PARENT'S/GUARDIAN'S SIGNATURE		Dáta DATE	

Cas go dtí an taobh eile/PLEASE SEE OVER

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Má tá aon eolas breise agat faoi do pháiste a bhéadh, i do thuairim, cabhrach don scoil, scríobh síos é sa spás thíos le'd thoil.

IF YOU HAVE ANY ADDITIONAL INFORMATION REGARDING YOUR CHILD THAT YOU FEEL WOULD BE OF ASSISTANCE TO THE SCHOOL, PLEASE WRITE IT IN THE SPACE BELOW.

Go raibh míle maith agat.

THANK YOU.