



# IARRATAS IONTRÁLA ENROLMENT FORM

1 Sloinne an dalta (*Pupils surname*): \_\_\_\_\_

2 An cheád ainm (*First name*): \_\_\_\_\_

3 Gnéas (*Sex*): \_\_\_\_\_

4 Uimhir PPS: \_\_\_\_\_

5 Dáta Breithe (*Date of birth*): \_\_\_\_\_ Lá (*day*) \_\_\_\_\_ Mí (*Month*) \_\_\_\_\_ Bliain (*Year*)

Cóip don dteastas breithe ag teastáil leis an fhoirm seo (*Copy of birth certificate to be returned with this form*)

6 Seoladh (*Address*): \_\_\_\_\_

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

7 Uimhir gutháin baile (*Home telephone number*): \_\_\_\_\_

Uimhir soghluaiste (*Mobile number*): \_\_\_\_\_

8 Teagmháil eile, ainm agus uimhir gutháin (i gcás práinne) (*Other contact name and telephone number (In cases of emergency)*): \_\_\_\_\_

9 Tabhair gearr chuntas ar aon fhadhbanna sláinte a mba chóir go mbeadh eolas ag an scoil fútha m.sh.

deacrachtaí le radharc nó éisteacht, úsáid 'inhaler', cógaisí leighis speisialta, ailleirge &rl.

(*Please outline any health problems that we in the school should be aware of e.g. sight difficulties, hearing*

*defects, use of inhaler, special medication, allergies etc*): \_\_\_\_\_

\_\_\_\_\_

Dochtúir Teaghlaigh (*Family Doctor*): \_\_\_\_\_

10 Ainm(neacha) tuismitheoir(í) / caomhnóir(í). *Name(s) of parents / Legal guardian(s)*:

Ainm (*Name*): \_\_\_\_\_

Ainm (*Name*): \_\_\_\_\_

11 Ainmneacha leanaí atá mar scoláirí cheanna féin i bPobalscoil Chorca Dhuibhne. *(Names of pupils who are present pupils of Pobalscoil Chorca Dhuibhne):*

---

---

---

12 Scoil fé láthair *(Present school):* \_\_\_\_\_

Ainm an Phríomh Oide *(Name of Principal / Teacher):* \_\_\_\_\_

Uimhir teileafóin na scoile *(Telephone number of school):* \_\_\_\_\_

Luaigh led'thoil má tá múinteoireacht acmhainn á fháil ag do leanbh nó má tá Cúntóir Riachtanais Speisialta aige / aici nó má tá measúnú déanta air / uirthi a léiríonn go bhfuil mí chumas foghlama air / uirthi. **Cuir cóip don dtuairisc leis seo.** *(Please indicate if your child has been assessed as having a learning disability or been in receipt of Resource teaching or has a Special Needs Assistant. If so please attach copy of report).*

13 Más aistriú iarbhunscoile atá i gceist luaigh an cúis. *(In the case of a post primary school transfer state reason for transfer):* \_\_\_\_\_

---

---

**14 Cead foirméalta an tuismitheora.**

Tugaim cead d'Údaráis na Scoile an chóireáil leighis is gá a shocrú do \_\_\_\_\_ i gcás práinne. *I hereby permit the school authorities in the case of emergency to arrange the necessary medical treatment for* \_\_\_\_\_.

Éilim mo íníon / mhac a chlárú i bPobalscoil Chorca Dhuibhne. *(I request that my daughter / son be registered in Pobalscoil Chorca Dhuibhne):*

---

Léigh mé, tuigim agus glacaim le Polasaí Iontrála na Scoile. *(I have read and I understand and accept the School Enrolment Policy):*

Sínithe *(Signed):* \_\_\_\_\_

\_\_\_\_\_

Athair / Caomhnóir Fireann *(Father / Male Guardian)*

Máthair / Caomhnóir Baineann *(Mother / Female Guardian)*

Dáta *(Date):* \_\_\_\_\_