



Foirm Iarratais

Enrolment Form

Léiríonn comhlánú an fhoirm iarratais go bhfuil spéis agat áit a fháil dod' pháiste i nGaelscoil Liatroma.
Completion of enrolment form is an expression of interest in obtaining a place in Gaelscoil Liatroma.

Ainm an Pháiste

Child's Name _____

Sloinne i nGaeilge

Surname in Irish _____
(if known)

Dáta Breithe

Date of Birth _____

Bliain Tosaithe

Year of Commencement _____

Ainm na Máthar

Mother's Name _____ **Uimhir PPS:** _____

Ainm an Athar

Father's Name _____

Caomhnóir

Guardian (if applicable) _____

Seoladh Baile

Home Address _____

Guthán /Phone

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Fón Póca/Mobile

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Ríomhphost/Email: _____

(Gmail preferred for blended learning)

Eircode: _____

Príomhoide: Caitriona Nic Chonchrada | Guthán: 071 96 71464 |

R-phost: gaelscoilliatroma@gmail.com | www.gaelscoilliatroma.ie

Cumas sa Ghaeilge

(Competence in Spoken Irish)

Máthair *Mother*

Athar *Father*

Gan aon Ghaeilge

No Irish

'Gaeilge Scoile'

'School Irish'

Go Maith

Good

Líofa

Fluent

An bhfuil deartháir/deirfiúr leis an bpáiste ag freastal ar an scoil ?

Does he/she have any brothers/sisters attending the school ?

Má tá cé?

If yes, who?

Tá Níl

Is mian liom go gcuirfear ainm mo pháiste ar liosta chlárarithe don bhliain chuí. I wish my child's name to be placed on your enrolment list for the appropriate year.

Síniú Tuismitheora / Caomhnóra Dáta

Parent's /Guardian's Signature _____ *Date* _____

Seol ar ais chuig: Gaelscoil Liatroma ,Cora Droma Rúisc, Co. Liatroma nó ar ríomhphost gaelscoilliatroma@gmail.com

*Please provide a copy of your child's **baptismal** certificate (if applicable) for future Communion and Confirmation.*

These details will be stored in a lockable cabinet under GDPR guidelines. Please visit our website www.gaelscoilliatroma.ie to view our GDPR Policy.

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