

**S.N. Cillín Liath, Maistir Gaoithe, Cill Áirne, Co. Chiarraí. V23 Y540**

**Roll No. 19304B 066-9474474 / 087-0573017**

**Registered Charity No. 20123871**

cillinliathns@gmail.com [www.cillinliath.ie](http://www.cillinliath.ie)

**Iarrtas ar Chlárú-Enrolment Application Form**

**Ainm baiste an pháiste**/ Pupil’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sloinne**/ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dáta Breithe/** Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inscne/**Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seoladh/** Address (at which the applicant resides):

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

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

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

**Ainm/ Rang deartháir nó deirfiúr atá cláraithe sa scoil cheanna** / Name and class of Sibling(s) currently enrolled:

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

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

**Paróiste ina bhfuil an iarrthóra ina c(h)ónaí/** Parish in which the applicant resides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Sonraí Tuismitheora/ Caomhnóra/ Parent(s)/Guardian(s) Details:***

**Ainm /** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ **]Tuismitheoir [ ]Caomhnóir [ ] caomhnóir dlíthúil**

 [ ] Parent [ ] Custodian [ ] Legal Guardian

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

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

**Uimhir Teil/** Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seoladh R-phost**/Email. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ainm /** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ **]Tuismitheoir [ ]Caomhnóir [ ] caomhnóir dlíthúil**

 [ ] Parent [ ] Custodian [ ] Legal Guardian

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

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**Uimhir Teil/** Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seoladh R-phost/**Email. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Síniú/** Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Síniú/**Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dáta**/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dáta/** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed enrolment applications must be returned to **Scoil Naisiúnta Cillín Liath** no later than **closing time** on **closing date**.

 

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***Foirm Chláraithe*** *(Registration Form)*

***Bliain Cláraithe:*** *(Year of Enrolment)* ***\_\_\_\_\_\_\_\_***

***Sonraí an Pháiste*** *(Child’s Details)*

|  |  |
| --- | --- |
| ***Ainm an Pháiste****(Child’s name)* |  |
| ***Seoladh******(****Address)* |  |
| ***Dáta Breithe****(Date of Birth)* |  |
| ***PPS No.*** |  |
| ***Liosta Ailléirgí****(List of Allergies)* |  |
| ***Aon sonraí míochaine eile:****(Any other relevant medical details)* |  |
| ***Ainm an Dochtúra****(Child's Doctor)* | ***Ainm*** |
| ***Uimhir*** |
| ***Uimhreacha Éigeandála & Ainmneacha Teagmhála****(Additional Emergency Numbers & Contact Names)* | ***1. Ainm*** |
|  ***Uimhir*** |
| ***2. Ainm*** |
|  ***Uimhir*** |
| ***Creideamh an Pháiste****Child’s Religion* |  |
| ***Náisiúntacht an Pháiste****Child’s Nationality* |  |
| ***Aon Riachtanais Oideachasúla Speisialta:****Any Special Educational Needs Known Of:* |  |
| ***An bhfuil deartháir nó deirfiúr ag freastal ar an Cillín Liath?*** *Does this child have a brother or sister already attending Cillín Liath?* |  |

***Sonraí na dTuismitheoirí*** *(Parents’ Details)*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Ainm an Athair*** (Father’s Name) |  | ***Ainm an Mháthair*** (Mother’s Name) |  |
| ***Gutháin Baile*** (Landline) |  | ***Gutháin Baile*** (Landline) |  |
| ***Guthán Póca*** (Mobile Number) |  | ***Guthán Póca*** (Mobile Number) |  |
| **Gairm Beatha** (Occupation) |  | **Gairm Beatha** (Occupation) |  |
| ***Ríomhphost* (**E-mail) |  | ***Ríomhphost* (**E-mail) |  |

***Cóip de Theastas Breithe-*** Copy of Birth Certificate Enclosed ☐

***Acceptable Usage Policy – ICT and Media Provision***

Permission for children to feature in all forms of promotional media. At times throughout the school year photographers, television channels, radio and the media contact the school. Children also use technology as part of our school policy. If you wish to allow your child to participate in all forms of aforementioned media and technology provision with S.N. Cillín Liath, according to the directive for National Centre for Technology in Education, please sign below. Should you have an issue with this, please contact principal as soon as possible. Unless otherwise instructed in writing, we understand your full permission to be granted.

|  |
| --- |
| ***Tá cead ag mo pháiste páirt a ghlacadh i ngach saghas meáin chumarsáide agus teicneolaíocht luaite…***My child has permission to participate in all forms of aforementioned media and technology provision.***Siniú:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Tugaim cead do mo pháiste freastal ar sheirbhís Tacaíochta Foghlama na Scoile más gá*** **(**I give permission for my child to attend the Learning Support service if necessary)***Siniú:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Tugaim cead do mo pháiste páirt a ghlacadh sa chlár O.C.G sa scoil*** **(**I give permission for my child to take part in the school’s R.S.E. (Relationships and Sexuality Education) programme.)***Siniú:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Tugaim cead grianghrafanna a thógaint do mo pháiste agus iad ag freastal nó ag glacadh páirt in imeachtaí scoile.*****(**I give permission for my child’s photograph to be taken and used while attending or taking part in school events.)***Siniú:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |