



Gaelscoil Chill Dara

An Bóthar Glas

An Currach, Co. Chill Dara Fón: 045-442300

Rphost: oifig@gaelscoilchilldara.com Suíomh Idirlín: www.gaelscoilchilldara.com

Foirm Chlárúcháin 2026 – 2027

Ainm an pháiste (Child's name): _____

Dáta Breithe (Date of Birth): _____ **Uimhir PPS** (PPS number): _____

Seoladh Baile (Home Address): _____

Éirchód (Eircode): _____ **Reiligiún do Pháiste** (Your Child's Religion): _____

Eitneacht do Pháiste (Your Child's Ethnicity): _____

Aon scoil/ Naíonra a d'fhreastail an dalta cheana (Any other school or pre-school that the child has previously attend): _____

Ainm(neacha) siblín(i) sa Ghaelscoil faoi láthair nó roimhe seo (Names(s) of sibling(s) in the Gaelscoil at present or attended previously): _____

Ainm Chaomhnóir Dlíthiúla an Pháiste (Name of Child's Legal Guardian):	Ainm Chaomhnóir Dlíthiúla an Pháiste (Name of Child's Legal Guardian):
Gaol leis an bpáiste (Relationship to child):	Gaol leis an bpáiste (Relationship to child):
Fón baile (Home Phone):	Fón baile (Home Phone):
Fón Obair (Work Phone):	Fón Obair (Work Phone):
Fón Póca (Mobile Phone):	Fón Póca (Mobile Phone):
Seoladh ríomphoist (Email address):	Seoladh ríomphoist (Email address):

I gcás práinne, an duine gur féidir dul i dteagmháil leis/léi má bhíonn do pháiste tinn nó má bhíonn timpiste aige/aici ag an scoil(In case of emergency, person to whom the pupil can be sent in case of accident or illness while at school):

Ainm(Name): _____

Uimhir fóin(Phone no): _____

Dochtúir an Teaghlaigh(Family Doctor): _____

Uimhir fóin an Dochtúir Teaghlaigh(Family Doctor's Phone Number): _____

An bhfuil aon fhadhb phearsanta, tinneas nó ailléirge ba choir ar leas an pháite a bheith ar eolas ag an scoil?(Does your child have any personal difficulties, illness or allergy which for the child's welfare should be known to the school?): _____

An bhfuil tú/sibh ar an eolas faoi aon riachtanais speisialta nó cúraim speisialta atá ag do/bhur páiste?
(Are you aware of your child having any special educational needs or special care needs?):

Bailíonn an scoil liosta ainmneacha uaibh / uait do na daoine a thugann sibh / tú cead dóibh teacht agus bhur / do pháiste a bhailiú , ainmnigh na daoine a bhfuil cead acu do pháiste a bhailliú ón scoil (The school collects a list of names from you stating who has your permission to collect your child, name the people who have permission to collect your child from school (i.e crèche, grandparents ect)

NÍ MÓR DUIT / DAOIBH AN SCOIL A CHUR AR AN EOLAS ROIMH RÉ MÁ THEASTAÍONN UAIT/UAIBH GO MBAILEOIDH DUINE EILE DO PHÁISTE (YOU MUST LET THE SCHOOL KNOW IN ADVANCE IF YOU WOULD LIKE SOMEONE TO COLLECT YOUR CHILD WHOSE NAME ISN'T INCLUDED ON THIS LIST).

Ba chóir go cuirfear an scoil ar an eolas faoi aon Ord Dleathach a bhfuil éifeacht aige ar leasa an pháiste agus ainm éinne nár choir an pháiste a fhágail faoina cúram/chúram. (The school should be made aware of any court order that affects the child's welfare, and also the name of any person into whose custody the child should not be given):

	Tuismitheoirí/Caomhnóirí Parents/Guardians	An Páiste Child
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Is cainteoir dúchais mé (Native speaker)		
Tá líofacht Ghaeilge agam (Fluent Irish)		
Tá mé ar bheagán Gaeilge (Some Irish)		
Tá tuiscint agam ar an nGaeilge(Understanding of Irish)		
Tá mé gan Ghaeilge (No Irish)		

Aon teanga eile(any other language spoken at home): _____

TUGAIM / TUGAIMID CEAD DON SCOIL (I/ WE GIVE THE SCHOOL PERMISSION TO):

1. **Tuigim go gcleachtaíonn Gaelscoil Chill Dara an tumoideachais agus nach ndéanann daltaí Béarla go dtí téarma 2 sna Naíonáin Mhóra, glacaim leis an bpolasaí sin**(I understand that Gaelscoil Chill Dara practices the Immersion Method and that pupils do not learn English until term 2 in Senior Infants, I accept this policy). ☐
2. **Bindealán a chur ar mo pháiste. Teocht a ghlacadh más gá** (Put a plaster on my child. Check their temperature if needs be). ☐
3. **Mo pháiste a thógáil chuig an dochtúir nó chuig an ospidéal má bhíonn gá agus tuigim go ndéanfaidh an scoil gach iarracht teacht i dteagmháil liom roimh ré** (Take my child to the doctor or to the hospital if necessary and I understand that the school will make every effort to contact me beforehand). ☐
4. **Éadaí mo pháiste a athrú i gcás timpiste** (Change my child's clothes in the event of an accident). ☐
5. **Grianghraf do pháiste a ghlacadh agus a usáid sa scoil, sna méain áitiúla ar suíomh idirlíne agus meán shóisialta na scoile** (your child's photograph to be taken and to appear in the school, local media on the school website and schools social media). ☐
6. **Do pháiste teacht ar turais scoile le linn am scoile le foireann na scoile m.s leabharlann, siúlóid dúlra?** (Your child to attend school trips during school time with school staff eg. Library, nature walks). ☐

DEARBHÚ THUISMITHEOIRÍ/CHAOMHNÓIRÍ(DECLARATION OF PARENTS/GUARDIANS)

Dearbháim go bhfuil an t-eolas ar an bhfoirm seo cruinn ceart chomh fada le m'eolas. Tugaim cead don scoil an t-eolas seo a chuir ar ríomhaire le haghaidh cúrsaí riaracháin scoile amháin.

I declare that, to the best of my knowledge, the information given on this form is true and correct. I consent to information on this form being stored on a computer for school use.

Sínithe(Signed): _____ **Dáta(Date):** _____

Sínithe(Signed): _____ **Dáta (Date):** _____

Ní chinntíonn líonadh na foirme seo ná a seoladh ar ais chuig an scoil go mbeidh áit ag do pháiste sa scoil. Neither the issuing of this application nor its completion and return guarantees a place in the school.
Ní mór cóip de theastas breithe an pháiste a sheoladh leis an bhfoirm seo. Please send in a copy of your child's birth cert with this form.