
GORTSKEHY NATIONAL SCHOOL

FOIRM CHLÁRAITHE (ENROLMENT FORM)

Ainm an Dalta: _____

(Pupil's name)

Dáta Breithe: _____ **PPS No:** _____ **Creideamh:** _____

(Date of Birth)

(Religion)

Seoladh: _____

(Address)

Ainm an Athair: _____

(Father's name)

Slí Beatha: _____

(Occupation)

Uimhir Ghutháin: _____

(Telephone No.)

Fón Póca: _____

(Mobile No.)

Ainm an Mháthair: _____

(Mother's name)

Slí Beatha: _____

(Occupation)

Uimhir Ghutháin: _____

(Telephone No.)

Fón Póca: _____

(Mobile No.)

Ar Scoil Cheana: _____

(Previous School(s)/Play-school)

Dátaí: _____

(Dates)

R-phost: _____

(Email address(es) for receiving our newsletter:)

Sláinte: (Health)

Bhfuil aon chogas leighis á ghlacdh aige/aici faoi láthair? (On Medication?)

Describe any conditions relating to allergies, asthma, diabetes, epilepsy, speech, sight or hearing problems, behaviour or learning difficulties etc.

Dochtúir Clainne: _____

(Family doctor)

Uimhir Ghutháin: _____

(Telephone No.)

I gcás práinneach: In case of emergency and if you cannot be contacted, please list the contact details of persons who have permission and are willing to collect your child.

Ainm: _____

(Name)

Uimhir Ghutháin: _____

(Telephone No.)

Ainm: _____

(Name)

Uimhir Ghutháin: _____

(Telephone No.)

- Please make the school aware of any court order which affects your child's welfare and also the name of any person into whose custody the child should not be given.
- Relevant medical and/or psychological reports relating to specific physical or educational needs should accompany this form.
- If baptised, please attach a copy of your child's Baptismal Cert. (can be copied in school).