



Oidhroíocht ghriinn an léinn amháin ón geine
Oidhroíocht an Chaeil an bheil ós ádhúine

Gaelscoil Dara,
Bóthar Bhaile an Locháin,
An Rinn Mhór,
Gaillimh.
Fón/Faics: (091) 757145
Ríomhphost: eolas@gaelsoildara.ie
Suíomh Idirlíon: www.gaelsoildara.ie
Uimhir Rolla: 19858V

FOIRM CHLÁRAITHE

Ainm an Pháiste/Child's Name: _____

Dáta Breithe/Date of Birth: _____

UPSP/PPSN: _____

Gnéas/Gender: **Fir./Male:** ____ **Bain./Female:** ____

Bliain Iontrála/Proposed year of entry: 20____

Creideamh/Religion: _____

Sonraí Tuismitheora 1/Parent 1 Details:		Sonraí Tuismitheora 2/Parent 2 Details:	
Ainm/Name:		Ainm/Name:	
Seoladh Baile/Home Address		Seoladh Baile/Home Address	
Eircode:		Eircode:	
Fón Baile/Landline		Fón Baile/Landline	
Fón Póca/Mobile		Fón Póca/Mobile	
Fón Oibre/ Work Phone		Fón Oibre/ Work Phone	
Seoladh Ríomhphoist/ Email		Seoladh Ríomhphoist/ Email	
Slí Bheatha/Occupation:		Slí Bheatha/Occupation:	

Daoine ceadaithe mo pháiste a bhailiú ón scoil People authorised to collect my child from school			
Ainm/Name:		Uimhir Fóin/ Phone:	
Ainm/Name:		Uimhir Fóin/ Phone:	
Ainm/Name:		Uimhir Fóin/ Phone:	

Teagmhálaí muna bhfuil na tuistí/caomhnóirí ar fáil Contacts if parents/guardians are unavailable			
Ainm/Name:	_____	Uimhir Fóin/ Phone:	
Gaol/Relationship	_____		
Ainm/Name:	_____	Uimhir Fóin/ Phone:	
Gaol/Relationship	_____		

Measúnú/Tuairiscí/Assessments/Reports: Tabhair sonraí cuí le do thoil. Please give details of assessments or reports done or of services received.		
Measúnú/Tuairiscí (Assessments/Reports)	Gairmithe/Gníomaireachteacht (Professionals/Agency)	Bliain (Year)
Tuairisc Urlabhra agus Teanga/ Speech & Language Therapy Assessment/Report		
Tuairisc Teiripe Shaothair/ Occupational Therapy Assessment/Report		
Tuairisc Shíceolaí Oideachais/ Educational Psychological Assessment/Report		
Tuairiscí Eile Other Assessments/Reports		

Cead/Consent	Tugaim Yes	Ní thugaim No
Tugaim cead do mo pháiste páirt a ghlacadh in imeachtaí scoile ar nós Turais Scoile, Cuirteanna, Imeachtaí Spóirt..srl. I consent to my child's participation in activities such as school tours, outings, sporting events... etc.		
Tugaim cead ghriangraf/iomhá mo pháiste a úsáid in imeachtaí nó i bhfoilseacháin scoile de réir polasaí na scoile. I consent to my child's photograph/image being included in school based activities and publications as per school's policy.		
Tugaim cead mo pháiste a thabhairt chuig dochtúir/ospidéal/ fioclóir má bhíonn gá leis. I consent to my child being brought to a doctor/hospital/dentist in an emergency.		
Tugaim cead cóireáil gharchabhrach a thabhairt do mo pháiste má bhíonn gá leis. I consent to basic first aid being performed on my child, if necessary.		
Síniú Tuismitheora/Caomhnóra/Parent's/Guardian's Signature: _____ _____	Dáta/Date: ___ / ___ / 20___	

