

COLÁISTE AN EACHRÉIDH

Foirm Iarratais / Application Form (Please print)

(1) Ainm an Scoláire / Pupil's Name: _____

Dáta Breithe / Date of Birth: _____ PPS Number _____

Seoladh / Address: _____

(2) Name of Mother/Guardian: _____ Occupation: _____

Mother's Maiden Name _____

Mobile No: _____ e-mail: _____

(3) Name of Father/Guardian: _____ Occupation: _____

Mobile No: _____ e-mail: _____

(4) Bunscoil / Primary School and current class: _____ Class: _____

Caitheamh Aimsire / Sport/Other interests/Achievements:

Aon fhadhb sláinte ag an Scoláire a chuirfeadh as dó/di ar scoil:

Any medical conditions that are of relevance to the school e.g. asthma

Do you or your child possess a medical card? (Please circle) **YES** / **NO**

Aon eolas eile / Other relevant information e.g. psychological reports:

Sínithe: _____ Dáta: _____

Tuismitheoir/Parent / Caomhnóir/Guardian

Certain sensitive data which the Department asks post-primary schools to furnish via the "Annual Post-Primary School October Return/Examination Entries" process requires your written consent for the school to record this information and for the school to forward this information to the Department for the purposes as outlined in circular 47/2010 a copy of which is available at www.education.ie.

I consent to information being shared/forwarded to the Department of Education and Skills and where appropriate with class teachers.

Signed: _____ Parent/Guardian Date: _____

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