

# COLÁISTE AN EACHREIDH



## 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: \_\_\_\_\_

Fón Póca/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](http://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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