



Scoil Uí Cheithearnaigh

Béal Átha na Slua

scoiluich@eircom.net

Príomhoide – Ruairí Ó hAnluain

Céide Ghearrbhaile,

Béal Átha na Slua,

Co. na Gaillimhe.

19969H

Fón: 090 9644347

FOIRM IARRATAIS 2024/25

Application Form 2024/25

Faoi rún
Confidential

Páiste (Child):

Ainm an Pháiste: _____

Child's Name

Dáta Breithe: ___/___/___

Date of Birth

Seoladh: _____

Address

Eircode: _____

Eircode

Email: _____

Uimhir Teagmhála: _____

Contact Phone Number

Ba mhaith liom/linn ár bpáiste a chlárú i Scoil Uí Cheithearnaigh.

I/We wish to enroll my/our child in Scoil Uí Cheithearnaigh.

Please tick	Yes	No
Have you attached a Birth Certificate for your child?		

I/we have received and read a copy of Scoil Uí Cheithearnaigh's Enrolment Policy

(available on www.gaelscoil.ie)

I/We understand that Scoil Uí Cheithearnaigh is a Gaelscoil. It is my/our wish that my/our child becomes fluent in Irish from an early age. I/we will encourage and support my/our child in the acquisition and everyday use of the language.

Tuismitheoirí/Caomhnóirí (*Parents/Guardians*)

Síniú _____

(Signed)

Síniú _____

(Signed)

Dáta _____

(Date)

Dáta _____

(Date)

Don Scoil Amháin

For Office Use

Date application was received ___/___/___

Dáta

Stampa na scoile

School Stamp