|  |  |  |  |
| --- | --- | --- | --- |
| ***Child’s First Name:*** | ***Child’s Surname:*** | ***Child’s Middle Name:*** | ***Gender:*** |
| ***PPS Number:*** | ***Date of Birth:*** | ***Nationality:*** |  |
|  |
| ***Extra Information:*** | | ***Medical and Allergy Information:***  ***Please attach any extra documentation required*** | |
| ***Doctor and Doctor Contact Number:*** | |
| ***Home Phone Number:*** | ***Mobile (Text) Number:*** | ***Alternative Home Phone Number(s):*** | ***Home Address:*** |
| ***Did this child attend a* Naíonra?** | ***Did this child attend a preschool?*** | ***Did this child attend another primary school?*** |
| ***Parent/Guardian 1 First Name:*** | ***Parent/Guardian 1 Last Name:*** | ***Parent/Guardian 1 E-mail:*** | ***Parent/Guardian 1 Mobile:*** |
| ***Parent/Guardian 1 Work Number:*** | ***Parent/Guardian 2 First Name:*** | ***Parent/Guardian 2 Last Name:*** | ***Parent/Guardian 2 E-mail:*** |
| ***Parent/Guardian 2 Mobile:*** | ***Parent/Guardian 2 Work Number:*** |  | |

***Having read the Enrolment Policy, please tick the box that applies to your child***

|  |  |
| --- | --- |
| 1. *My child will be at least 4 years old before the 1st of April 2024 and I have provided proof of this in the form of a birth certificate accompanying this application.* |  |
| 1. *My child has a sibling who is/was a pupil of the school. Name of sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| 1. *My child’s parent is a member of staff* |  |
| 1. *My child has attained a level of fluency in Irish which would be expected if the language was spoken at home as a regular means of communication in a non-educational environment, taking the age and any extra educational needs of the child into account and it is likely that my child’s fluency will regress unless they are given a place in this Irish medium school.* |  |
| *Where a parent wishes their child to be considered as a child how has achieved a ‘level of fluency in the Irish language’, the parent must provide evidence to prove/display the fluency to the Board of Management’s representatives****. This evidence must be provided with this application****; except for evidence provided by attending a meeting at the school,* ***if such is requested by the parents/guardians****.* ***Please tick here if you wish to have a meeting arranged****. Meeting will be held in the week 27/11/23 – 1/12/23 between the hours of 09:00 and 14:30.* |  |
| 1. *My child is in the “Other Applicants” category* |  |

***The school’s Privacy Notice is available on*** [***www.gaelscoiloilibheir.ie***](http://www.gaelscoiloilibheir.ie)***. I confirm that what I have written above is true. I have read and I understand the Enrolment Policy for September 2024.***

***Signed: Parent/Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***