

# Gaelscoil an Chaisleáin

Please complete all parts of the form.

Sloinne an Pháiste: \_\_\_\_\_ Céad Ainmneacha: \_\_\_\_\_  
Surname of child First Names

Seoladh: \_\_\_\_\_  
Address

Dáta Breithe: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dáta Tosaithe sa Scoil: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Of Birth Date starting school

Uimhir PPS: \_\_\_\_\_  
P.P.S. Number

Athair: Ainm \_\_\_\_\_ Uimhir Fhóin \_\_\_\_\_  
Father: Name Phone Number

Máthair: Ainm \_\_\_\_\_ Uimhir Fhóin \_\_\_\_\_  
Mother: Name Phone Number

Athair: Ríomhphost \_\_\_\_\_  
Father: Email address

Máthair: Ríomhphost \_\_\_\_\_  
Mother: Email address

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If you have other children who may attend the school in later years please complete the following section (they will need to be registered formally later).

Ainm an Pháiste: \_\_\_\_\_  
Name of child

Dáta Breithe: \_\_\_\_\_  
Date of birth

Ainm an Pháiste: \_\_\_\_\_  
Name of child

Dáta Breithe: \_\_\_\_\_  
Date of birth

Are the details of parents/guardians and the address given on page 1 the same for this child/children? Yes/No

Aon eolas/teachtaireacht eile: \_\_\_\_\_

Any further info/comment: \_\_\_\_\_

Please return the form to the school using the details provided on the cover of the form.

Seol an fhoirm ar ais chugainn trí úsáid a bhaint as na sonraí ar chlúdach na foirme.

Míle buíochas / Thank you