



**Seoladh/Address:** Scoil Mhuire, Church Rd., Moycullen, Co. Galway H91 HF10  
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**Suíomh Idirlín/Website:** [www.moycullencentralschool.ie](http://www.moycullencentralschool.ie)  
**Uimhir Rolla/Roll Number :** 19529C

## IARRATAS AR CHEAD ISTEACH APPLICATION FOR ADMISSION

<b>1</b>	<b>Sonraí an Pháiste CHILD'S DETAILS</b>			
Líon an fhoirm seo le BLOCLITREACHA, le do thoil/PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS				
An rang a iarrtar cead isteach a fháil ann CLASS FOR WHICH ADMISSION IS SOUGHT				
Céad Ainm an Pháiste CHILD'S FIRST NAME		Sloinne an Pháiste CHILD'S SURNAME		
Uimhir Phearsanta Seirbhíse Poiblí (Uimh. PSP) an pháiste CHILD'S PERSONAL PUBLIC SERVICE NUMBER (PPSN)				
Gnéas an Pháiste CHILD'S GENDER	Fireann MALE		Baineann FEMALE	
Dáta Breithe DATE OF BIRTH	Lá/DAY	Mí/MONTH	Bliain/YEAR	
Tír Bhreithe an Pháiste CHILD'S COUNTRY OF BIRTH				
Náisiúntacht an Pháiste CHILD'S NATIONALITY				
Creideamh an Pháiste CHILD'S RELIGION				
Cead Creideamh an Pháiste a inchur ar Bhunachar Sonraí Bunscoile CONSENT TO INPUT CHILD'S RELIGION ON PRIMARY ONLINE DATABASE			Tá/YES	Ní/NO
<b>You MUST answer this question</b>				
Cúlra Eitneach an Pháiste/CHILD'S ETHNIC BACKGROUND				
WHITE IRISH		OTHER WHITE		ASIAN/ ASIAN IRISH CHINESE
IRISH TRAVELLER		BLACK IRISH/AFRICAN		OTHER ASIAN/ASIAN IRISH
ROMA		OTHER BLACK		OTHER (inc. mixed background)
Cead Creideamh an Pháiste a inchur ar Bhunachar Sonraí Bunscoile CONSENT TO INPUT CHILD'S ETHNIC BACKGROUND ON PRIMARY ONLINE DATABASE			Tá/YES	Ní/NO
<b>You MUST answer this question</b>				
Seoladh Baile an Pháiste ar dháta Iarratais CHILD'S HOME ADDRESS ON DATE OF APPLICATION				
(Féach nótaí/SEE NOTES)				
		Éircód EIRCODE		

<b>2</b>	<b>Scoil/Réamhscoil is déanaí a d'fhreastail an páiste uirthi LAST SCHOOL/PRESCHOOL ATTENDED BY CHILD</b>	
Ainm na Scoile/Réamhscoile NAME OF SCHOOL/PRESCHOOL		
Seoladh na Scoile/Réamhscoile ADDRESS OF SCHOOL/PRESCHOOL		
	Éircód EIRCODE	
Uimhir Ghutháin PHONE NUMBER		
Seoladh Ríomphoist EMAIL ADDRESS		
An fáth a bhfuil an páiste ag fágáil na scoile/réamhscoile REASON CHILD IS LEAVING SCHOOL/PRESCHOOL	Ag Céimiú ó Réamhscoil GRADUATING FROM PRESCHOOL	
	Ag cur fúinn i Maigh Cuilinn TAKING UP RESIDENCE IN MOYCULLEN	
	Díbeartha ón Scoil/Réamhscoil EXPELLED FROM SCHOOL/PRESCHOOL	
	Fáth Eile (tabhair sonraí) OTHER REASON (GIVE DETAILS)	

<b>3</b>	<b>Iarratais chuig Scoileanna Eile APPLICATIONS TO OTHER SCHOOLS</b>		
Sonraí maidir le hiarratais cláraithe curtha chuig scoileanna eile DETAILS OF APPLICATIONS FOR ENROLMENT SUBMITTED TO OTHER SCHOOLS			
Ainm na Scoile NAME OF SCHOOL	Seoladh Ríomphoist EMAIL ADDRESS	Uimhir Ghutháin PHONE NUMBER	
Ar cuireadh áit sa scoil ar fáil duit? HAS A PLACE IN THE SCHOOL BEEN OFFERED TO YOU?		Cuireadh YES	Níor cuireadh NO
Ar ghlac tú leis an áit? HAVE YOU ACCEPTED THE PLACE?		Ghlac YES	Níor ghlac NO

4	<b>Sonraí na dTuismitheora/gCaomhnóirí Dleathacha</b> <b>DETAILS OF PARENTS/LEGAL GUARDIANS</b>		
<b>Ainm Tuismitheoir/Caomhnóir Dleathach 1</b> <b>NAME OF PARENT/LEGAL GUARDIAN 1</b>		Inscne GENDER	
Sloinne Caomhnóir Dleathach 1 SURNAME OF LEGAL GUARDIAN			
Seoladh Ríomhphoist EMAIL ADDRESS			
Uimhir Ghutháin PHONE NUMBER			
Seoladh Baile (más difriúil ó Sheoladh Baile an Phaiste) HOME ADDRESS (IF DIFFERENT FROM CHILD'S HOME ADDRESS)			
	Éircód EIRCODE		
Náisiúntacht NATIONALITY			
Slí Bheatha/Láthair Oibre OCCUPATION/ WORKPLACE			
Uimhir Ghutháin Oibre WORK PHONE NUMBER			
<b>Ainm Tuismitheoir/Caomhnóir Dleathach 2</b> <b>NAME OF PARENT/LEGAL GUARDIAN 2</b>		Inscne GENDER	
Sloinne Caomhnóir Dleathach 2 SURNAME OF LEGAL GUARDIAN 2			
Seoladh Ríomhphoist EMAIL ADDRESS			
Uimhir Ghutháin PHONE NUMBER			
Seoladh Baile (más difriúil ó Sheoladh Baile an Phaiste) HOME ADDRESS (IF DIFFERENT FROM CHILD'S HOME ADDRESS)			
	Éircód EIRCODE		
Náisiúntacht NATIONALITY			
Slí Bheatha/Láthair Oibre OCCUPATION/ WORKPLACE			
Uimhir Ghutháin Oibre WORK PHONE NUMBER			
Dlí Teaghlaigh: An bhfuil aon Orduithe Dlí i bhfeidhm? Tabhair sonraí le'd thoil in Eolas Breise thíos. FAMILY LAW: ARE ANY LEGAL ORDERS IN FORCE? If YES, a meeting MUST be arranged with the Principal before the start of the school year to discuss implications, if any for the school.	Tá/ YES	Níl NO	

<b>5</b>	<b>Teagmhálacha i gcás éigeandála (muna bhfuil tuismitheoirí/caomhnóirí ar fáil)</b> <b>EMERGENCY CONTACTS (IF PARENTS/GUARDIANS ARE UNAVAILABLE)</b>	
<b>Teagmháil Éigeandála 1</b> <b>EMERGENCY CONTACT 1</b>	Ainm NAME	
Uimhir Ghutháin PHONE NUMBER		
Seoladh Baile HOME ADDRESS		
		Éircód EIRCODE
Gaoil leis an bPáiste RELATIONSHIP TO CHILD		
<b>Teagmháil Éigeandála 2</b> <b>EMERGENCY CONTACT 2</b>	Ainm NAME	
Uimhir Ghutháin PHONE NUMBER		
Seoladh Baile HOME ADDRESS		
		Éircód EIRCODE
Gaoil leis an bPáiste RELATIONSHIP TO CHILD		
<b>6</b>	<b>Daoine eile atá udaraithe chun an páiste a bhailiú ón scoil</b> <b>OTHER PERSON AUTHORISED TO COLLECT THE CHILD FROM SCHOOL</b>	
Ainm NAME		
Uimhir Ghutháin PHONE NUMBER		
Seoladh Baile HOME ADDRESS		
		Éircód EIRCODE
Gaoil leis an bPáiste RELATIONSHIP TO CHILD		

<b>7</b>	<b>Ceangal leis an scoil CONNECTION TO THE SCHOOL</b>			
Deirfiúracha/Dearthaireacha sa scoil faoi láthair SIBLINGS CURRENTLY IN THE SCHOOL				
Ainm NAME		Rang CLASS		
Ainm NAME		Rang CLASS		
Ainm NAME		Rang CLASS		
Deirfiúrach/Dearthair sa scoil roimhe seo (ainmnigh duine amháin) SIBLING FORMERLY IN THE SCHOOL (name one person)				
Ainm NAME		Rang CLASS		
Tréimhse Freastála PERIOD OF ATTENDANCE	Ó FROM		Go TO	
Tuismitheoir a d'fhreastail ar an scoil PARENT WHO ATTENDED THE SCHOOL				
Ainm NAME		Rang CLASS		
Tréimhse Freastála PERIOD OF ATTENDANCE	Ó FROM		Go TO	
<b>8</b>	<b>Sealbhú Teanga LANGUAGE ACQUISITION</b>			
An teanga is mó a labhraítear sa bhaile <b>MAIN LANGUAGE SPOKEN AT HOME</b>				
Líofacht Béarla an Pháiste (ábaltacht Béarla a labhairt) CHILD'S FLUENCY IN ENGLISH (ABILITY TO SPEAK ENGLISH)				
Thar Cionn EXCELLENT	An-mhaith VERY GOOD	Maith GOOD	Bunúsach BASIC	Béarla ar bith NO ENGLISH
I do thuairimse, an bhfuil aon riachtaí teanga ag an bpáiste. Más é do thuairim go bhfuil, tabhair sonraí thíos. <b>IN YOUR OPINION, DOES THE CHILD HAVE ANY LANGUAGE NEEDS? IF SO, PROVIDE DETAILS BELOW.</b>			Tá YES	Níl NO

9	Cúrsaí Sláinte HEALTH	
Ríochtaí Sláinte/Bia/Ailléirgí MEDICAL/HEALTH/DIETARY ISSUES If NONE, state NONE→		
Leigheas Forordaithe le coinneáil ar scoil. PRESCRIBED MEDICINE TO BE KEPT AT SCHOOL		
Ailléirge le leigheas ALLERGY TO MEDICINE		
Dochtúir an Pháiste CHILD'S DOCTOR		
Uimhir Ghutháin an Dhochtúra DOCTOR'S PHONE NUMBER		
Seoladh an Dhochtúra ADDRESS OF DOCTOR'S SURGERY		
	Éircód EIRCODE	
10	Measúnú ASSESSMENT	
<p>Sonraí faoi Mheasúnaithe no Tuaraisc déanta. Ba chóir go gcuirfí cóipeanna ar fáil don scoil agus áit sa scoil á ghlacadh.</p> <p><b>DETAILS OF ASSESSMENTS OR REPORTS DONE. COPIES SHOULD BE MADE AVAILABLE TO THE SCHOOL ON ACCEPTANCE OF A PLACE IN THE SCHOOL.</b></p>		
ASSESSMENT	PROFESSIONAL/AGENCY	DATE
SPEECH THERAPY		
OCCUPATIONAL THERAPY		
PSYCHOLOGICAL		
PAEDIATRIC/MEDICAL		
OTHER ASSESSMENTS/REPORTS INCLUDING THOSE PENDING		
An bhfuil do pháiste ag fáil tacaíochta ó CRS IS/WAS YOUR CHILD IN RECEIPT OF SNA SUPPORT	Tá/YES	Níl/NO

<b>11</b>	<b>Glacadh agus Toiliú ACKNOWLEDGEMENT AND CONSENT</b>	
<b>TOILIÚ CONSENT</b>	YES	NO
I consent to basic FIRST AID being administered to my child by school staff in the event of him/her having an accident, sustaining an injury or becoming unwell.		
I consent to my child being brought to a DOCTOR or a HOSPITAL in the event of an accident or medical emergency and to his/her receiving such treatment and being administered such medicine as medical personnel consider necessary. <i>Every effort will be made to contact you beforehand.</i>		
I consent to my child being changed by school staff in the event that he/she has become wet or soiled due to falling or to a toileting accident, in accordance with the school's INTIMATE CARE POLICY.		
I consent to such educational/academic SCREENING and DIAGNOSTIC TESTS as are considered appropriate by the school being administered to my child to support his/her educational development.		
I consent to my child attending the Learning Support Teacher/Special Educational Needs Teacher if considered necessary by the school.		
I consent to my child's participation in supervised OFF-SITE SCHOOL ACTIVITIES such as school tours, class trips, local walks and outings, sporting events, visits to theatre and cinema, educational exhibitions, swimming lessons etc.		
I have read and accept the school's CODE OF BEHAVIOUR and I agree to make all reasonable efforts to ensure my child's compliance with same.		
I have read and accept the school's ANTI-BULLYING POLICY and agree to abide by same.		
I have read and accept the school's ACCEPTABLE USE POLICY and agree to abide by same.		
I have read and accept the school's COMPLAINTS AND GRIEVANCES POLICY and agree to abide by same.		
<b>Glacadh ACKNOWLEDGEMENT</b>		
I am aware that the information on this form will be stored on the school's data management system and the Department of Education's Primary Online Database.		
I acknowledge and accept that the school shares pupil names and contact details with the HSE for the purpose of scheduling vaccination, hearing and vision screening and dental examinations.		
I acknowledge that The Education (Welfare) Act 2000 (Section 28) and the (Prescribed Bodies) Regulations 2005 allows the school to share relevant information concerning a child transferring between our school and another recognised school without breaching data protection law.		
I acknowledge and accept that the school teaches the Stay Safe Programme and the Relationships and Sexuality Programme, both of which are part of the Department of Education & Skills Social and Personal Health Education Curriculum.		
I acknowledge that the school records and uses images of children, in accordance with the school's POLICY REGARDING PHOTOGRAPHS, that may be published on the school's website, in the school newsletter, in school-based publications, on online platforms in use by the school (Aladdin, Google Classroom, SeeSaw etc.) and in publications approved by the school management.		
I acknowledge my child's engagement with such digital and internet based teaching and learning platforms as have been selected by the school, e.g. SeeSaw, Google Classrooms.		
I will undertake to see that my child will attend school punctually and regularly.		

**Dearbhú  
DECLARATION**

I have read and understood the above consents and acknowledgements.  
I have read and understood the school's information booklet which is available on the School Website (or in hard copy from the office) and I undertake that I and my child will comply with all school rules and policies.  
I wish to apply for the admission of my child to Scoil Mhuire.

Sínithe Tuismitheora/Caomhnóra PARENT/GUARDIAN 1 SIGNATURE		Dáta DATE	
Sínithe Tuismitheora/Caomhnóra PARENT/GUARDIAN 2 SIGNATURE		Dáta DATE	

**If you are the only PARENT/GUARDIAN providing a signature, please tick and sign the applicable section below.**

The child's other parent/guardian is fully aware of and in agreement with this enrolment application and is in agreement with the consents, terms and conditions as outlined.	<input type="checkbox"/>
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Sínithe Tuismitheora/Caomhnóra PARENT/GUARDIAN SIGNATURE		Dáta DATE	
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I am the sole parent/guardian of my child and have sole custody of him/her.	<input type="checkbox"/>
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Sínithe Tuismitheora/Caomhnóra PARENT/GUARDIAN SIGNATURE		Dáta DATE	
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**Eolas Breise a bheadh cabhrach don scoil  
ADDITIONAL INFORMATION THAT WOULD BE OF ASSISTANCE TO THE SCHOOL**

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WHEN SUBMITTING THIS APPLICATION FOR ENROLMENT FORM TO SCOIL MHUIRE, PLEASE ENSURE THAT YOU INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- a copy of your child's **Birth Certificate**
- **Proof of Address** at the time of application

*Failure to provide these documents will render an application incomplete.*