



Foirm Chlárúcháin / Student Enrolment Form 2018/19

Caithfidh éarlais €50 a íoc má ghlacfar le áit sa Choláiste. Cludóidh an éarlais seo taisceadáin agus dialann an dálda, chomh maith l'ábhair i gcomhar rang agus ionduchtú.

A deposit of €50 must be paid if a student accepts a place in the College. This deposit will cover the student locker, journal, materials for class and induction.

ROINN A: SONRAÍ TEAGHLACH / FAMILY DETAILS

Caithfidh teastas breithe a chur leis an iarratas seo. Beidh bunchóipeanna seolta ar ais chuig an tuismitheor/caomhnóir.

A birth certificate must accompany all applications. Original birth certificates will be returned to parents/guardians.

1. Sonraí Dalta / Student Details

Sloinne an Dalta <i>Student's Surname</i>		Ainm(neacha) an Dalta <i>Student's Forename(s)</i>	
Fir./Bain. <i>Male / Female</i>		Dáta Breithe <i>Date of Birth</i>	
Tír Bhreithe <i>Country of Birth</i>		Teastas Bhreithe Fada iniata? <i>Long Birth Certificate Attached?</i>	
Seoladh Baile <i>Home Address</i>		Uimhir PPS an Dalta <i>Student's PPS Number</i>	
Cé mhéid páistí sa chlann? <i>No. of children in family?</i>		Áit an dalta sa chlann? <i>Position of student in family?</i>	
*Bunscoil an Dalta (an cheann is deireanaí) <i>Primary School Attended (most recent)</i>		*Bunscoileanna d'fhreastalithe roimhe seo <i>Previous Primary Schools Attended (if applicable)</i>	
Rang an Dalta <i>Current Class in Primary School</i>		Ainmneacha Deirfiúracha/ Deartháireacha in san Coláiste faoi láthair <i>Siblings currently in the Colaiste Bliain / Year</i>	

***Nóta - Seans go ndéanfaimis teagmháil leis an mBunscoil a d'fhreastal do pháiste air faoin gclárú seo.**

Please note, we may contact the Primary School which your daughter/son has attended in connection with their enrolment.

2. **Sonraí Tuismitheora nó Caomhnóra / Parent or Guardian Details**

	Tuismitheora / Caomhnóra 1 <i>Parent / Guardian</i>	Tuismitheora / Caomhnóra 2 <i>Parent / Guardian</i>
Sloinne <i>Surname</i>		
Ainm <i>Forename</i>		
Seoladh <i>Address</i>		
Uimhir Teagmhála <i>Contact Number(s)</i>		
Gaol don Dalta <i>Relationship to Student</i>		
Ríomhphost <i>Email Address</i>		
Slí Beatha <i>Occupation</i>		
Ionad Oibre <i>Place of Work</i>		
Fón Oibre / Ríomhphoist <i>Work No. / Email</i>		

3. **Sonraí Éigeandála / Emergency Contact Details**

	Teagmháil 1 <i>Contact 1</i>	Teagmháil 2 <i>Contact 2</i>
Ainm <i>Name</i>		
Uimhir Teagmhála <i>Contact Number(s)</i>		
Gaol don Dalta <i>Relationship to Student</i>		

ROINN B: SONRAÍ OIDEACHAIS / EDUCATIONAL DETAILS

1. Soláthar Acmhainn / Uaireanta Tacaíocht Foghlama *Access to Resource / Learning Support Hours*

Cuir tic sa bhosca cuí. *Please tick the relevant box*

a) **An bhfuil measúnacht síceolaíoch faighte ag an dalta?**

Has the student had a psychological assessment?

Tá *Yes*

Níl *No*

b) **Más rud é gur dúirt tú ‘TÁ’ I’(a) thuas, an bhfuil an tuairisc síceolaíoch le fáil?**

If you answered ‘YES’ to (a) above is the Psychological Report available.

Tá *Yes*

Níl *No*

c) **An bhfuil uaireanta acmhainní tugtha ag An Chomhairle Náisiúnta um Oideachas Speisialta don dalta?**

Has the student been granted resource teaching hours by the National Council for Special Education ?

Tá *Yes*

Níl *No*

d) **An bhfuil leas bainte ag an dalta as seirbhísí Cuntóir Riachtanas Speisialta (CRS) a bhí curtha ar fháil dó/di?**

Has the student availed of the services of a Special Needs Assistant (SNA) granted by the NCSE)

Tá *Yes*

Níl *No*

e) **An raibh an dalta ag fáil tacaíocht foghlama sa bhunscoil?**

Has the student been in receipt of learning support at Primary School?

Bhí *Yes*

Ní raibh *No*

Más rud é gur dúirt tú ‘Bhí’ I’(e) thuas scríobh sonraí de thíos le do thoil.

If the answer to (e) above is ‘YES’ please provide details below

ROINN C : SONRAÍ LEIGHIS / MEDICAL DETAILS

Ainm an Dochtúra Doctor's Name		Ainm an Chleachtais Name of Practice	
Seoladh an Chleachtais Address of Practice		Uimhir Fón an Chleachtais Contact number of Practice	
An bhfuil Cárta Leighis Teaghlach ag an dalta? <i>Is the student in receipt of a family medical card?</i>	<input type="checkbox"/> Tá / Yes <input type="checkbox"/> Níl / No	Uimhir an Chárta <i>Card number</i>	
An gcaitheann an dalta spéaclaí? <i>Does the student wear glasses?</i>	<input type="checkbox"/> Sea / Yes <input type="checkbox"/> Níl / No	An bhfuil deacrachtaí eisteachta ag an dalta? <i>Does the student have any hearing difficulties?</i>	<input type="checkbox"/> Tá / Yes <input type="checkbox"/> Níl / No
An bhfuil aon des na Ríochtaí Ainsealacha seo a leanas ag an dalta? <i>Does the student have any of the following chronic conditions?</i>	<input type="checkbox"/> Asma / Asthma <input type="checkbox"/> Diaibeiteas / Diabetes <input type="checkbox"/> Titimeas / Epilepsy <input type="checkbox"/> Anaphylaxis / Anaphylaxis <input type="checkbox"/> Narcolepsy / Narcolepsy <input type="checkbox"/> Fadhbanna Sláinte Intinn / Mental Health Issues <input type="checkbox"/> Eile / Other	Nósanna a leanúint le tinneas ar leith <i>Procedures to follow for a particular illness</i>	

An bhfuil aon abhar leighis is cúram dó nó aon eolas ábhartha eile, m.sh., scarúint tuismitheoirí, méala?

Any other medical concerns / information of relevance e.g. parental separation, bereavement, ?

Siniú Dalta : _____
Student's Signature

Dáta : _____

Siniú Thusimitheoir/Caomhnóra : _____
Parent / Guardian's Signature

Dáta : _____

Is leor siniú tuismitheora / caomhnóra amháin / One parent's signature will suffice.

Foirmeacha Comhlíonta á chur ar aghaidh chuig :
Completed Applications to be forwarded to :

Coláiste Ghlór na Mara
Bóthar na hÁille
Baile Brigín
Co. Átha Cliath

Dáta Filleadh / *Returning date* :