



COLÁISTE AN EACHREIDH

An Coiléar Bán, Baile Átha an Rí, Co. na Gaillimhe

Foirm Iarratais / Application Form

(1) Ainm an Scoláire / Pupil's Name: _____

Dáta Breithe / Date of Birth: _____ PPS Number: _____

Nationality: _____ Male / Female: _____

Seoladh /Address: _____

_____ EIRCODE: _____

(2) Name of Mother/Guardian: _____

Mother's Maiden Name _____

Fón Póca /Mobile No: _____ e-mail: _____

(3) Name of Father/Guardian: _____

(4) Bunscoil / Primary School: _____ current class: _____

Caitheamh Aimsire / Sport/Other interests/Achievements: _____

I consent to information being collected from my sons / daughters previous school in relation to their education YES___ / NO___

(5) Medical History: Aon fhadhb sláinte ag an scoláire a chuirfeadh as dó / di ar scoil:
Any medical conditions that are of relevance to the school e.g. asthma

Aon eolas eile / other relevant information e.g. psychological reports:

Do you or your child possess a medical card? YES___ / NO___

Sínithe: _____ Dáta: _____
Tuismitheoir/Parent / Caomhnóir/Guardian

I consent for my sons /daughters image to be used in photographs and video for promotional purposes by the School and external agencies eg: Local and national press, conferences which the School presents at.
YES ___ NO ___

Certain sensitive data which the Department asks post-primary schools to furnish via the "Annual Post-Primary School October Return/Examination Entries" process requires your written consent for the school to record this information and for the school to forward this information to the Department for the purposes as outlined in circular 47/2010 a copy of which is available at www.education.ie.

I consent to information being shared / forwarded to the Department of Education and Skills and where appropriate with class teachers.

Signed: _____ Parent/Guardian Date: _____

