



Gaelscoil Bhreifne

Foirm Chlárúcháin / Registration Form

Gaelscoil Bhreifne

Please complete all parts of the form

Sloinne an Pháiste: _____ Céad Ainneacha : _____
Surname of child First Names

Seoladh: _____
Address _____

Dáta Breithe: ____/____/____
Date Of Birth

Dáta Tosaithe sa Scoil: ____/____/____
Date starting school

Uimhir PPS: _____
P.P.S. Number

Athair: Ainm _____ Uimhir _____
Father: Name Number

Máthair: Ainm _____ Uimhir _____
Mother: Name Number

An bhfuil aon riachtanais leighis nó eile gur cheart dúinn a bheith ar an eolas futhú?
Are there any medical (or other) needs we should know about?



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Lch. 2 as 2 (Page 2 of 2)

Your permissions (please circle the option you agree with):

Tá/níl cead griangraf agus obair mo pháiste usúaid le haghaidh an suíomh idirlíne agus bolscaireacht.

I give/do not give permission for my child's photographs and work to be published online and for publicity.

Tá mé sásta l'aidhmeanna Gaeilge agus Oideachasúla na scoile agus, dé réir, déanfaidh mé gach iarracht tacu le mo pháiste sa bhaile, na haidhmeanna sin a bhaint amach.

I am satisfied with the Irish Language and educational aims of the school, and accordingly, I will make every effort to support my child, at home, to achieve those aims.

Síniú (Tuiste/Caomhnóir): _____
Signature (parent/ guardian)

Dáta: ____/____/____
Date

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

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

Any further info/comment: _____

Please return the form to the school at 27 Farnham Street, Cavan or by email to
gaelscoilbhreifne@eircom.net

Thank you / Míle buíochas