

GAELCHOLÁISTE CHEATHARLACH

Foirm Iarratais

Sloinne an Scoláire (Student's surname): _____

Céad ainm (Forename): _____

Seoladh (Address): _____

_____ EirCode: _____

Teil/Landline: _____

Dáta Breithe (Date of Birth): _____

Bunscoil (Primary School): _____

Rang faoi láthair (Present class): _____

Méid páistí sa chlann/no. of children in family: _____

Méid deartháireacha (No. of brothers): _____

Méid deirfiúracha (No. of sisters): _____

Áit sa chlann (Place in family): _____

Uimhir theileafóin na dtuismitheoirí i rith an lae (Telephone numbers where parents may be contacted **during school hours**)

Mother: (Name) _____

Father: (Name) _____

Landline No: _____

Landline no.: _____

Mobile No.: _____

Mobile No.: _____

Email Address: _____

Email address: _____

Occupation: _____

Occupation: _____

Place of work: _____

Place of work: _____

SÍNÍÚ: _____

DÁTA: _____

Parent/Guardian signature.

Please return completed Application Form together with Birth Certificate to:

**An Príomhoide,
Gaelcholáiste Cheatharlach,
Easca,
Ceatharlach.**