



Gaelscoil Eoghain Uí Thuairisc

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Garrán na Fuinseoige,
Ceatharlach,

FOIRM RÉAMH CLÁRÚCHÁIN.....PRE-ENROLMENT FORM

I wish to enrol my child in GAELSCOIL CHEATHARLACH in Junior Infants for September 20__

AINM: (Child's Name) _____

BUACHAILL / CAILÍN: (Boy or Girl) _____

SEOLADH: (Address) _____

DÁTA BREITHE: (Date of Birth) _____

CLANN: (Family) Do/Did you already have a child attend Gaelscoil Cheatharlach?

Who? _____

SÍNIÚ: (Signature of Parent or Guardian)

Sign: _____

Print: _____

Ur Gutháin: (Phone No:) _____

DÁTA: (Date of Application) _____

Please complete and return to the Gaelscoil as soon as possible.

Le gach deaghuí,

Aingeal Uí Dhálaigh, Príomhoide.

- Completion of this form is not a guarantee of a place in this school.