



# FOIRM CLÁRÚCHÁIN

## Enrolment Form

### 2022 – 2023

Ainm an Pháiste / Child's Name: \_\_\_\_\_

Ainm an pháiste mar atá ar an Teastas Breithe má bhíonn sé difriúil /  
Child's Name as per Birth Cert if different: \_\_\_\_\_

Rang / Class: \_\_\_\_\_

Seoladh Baile / Home Address: \_\_\_\_\_  
\_\_\_\_\_

Éirchód / Eircode:

Uimhir PPS an Pháiste / Child's PPS No:

Dáta breithe / Date of Birth:  /  /

1. Ainm Chaomhnóir / Names of Child's Guardian: \_\_\_\_\_

Fón póca / Mobile: \_\_\_\_\_ Fón oibre / Work: \_\_\_\_\_

Fón Baile / Home: \_\_\_\_\_ R-phoist / Email: \_\_\_\_\_

2. Ainm Chaomhnóir / Names of Child's Guardian: \_\_\_\_\_

Fón póca / Mobile: \_\_\_\_\_ Fón oibre / Work: \_\_\_\_\_

Fón Baile / Home: \_\_\_\_\_ R-phoist / Email: \_\_\_\_\_

3. An chéad teagmháil i gcás éigeandála / First person to contact in case of emergency (e.g. friend or family member): \_\_\_\_\_

Fón póca / Mobile: \_\_\_\_\_ Fón baile / Home: \_\_\_\_\_

4. An dara teagmháil i gcás éigeandála / Second person to contact case of emergency:  
\_\_\_\_\_

Fón póca / Mobile: \_\_\_\_\_ Fón baile / Home: \_\_\_\_\_

Ainm Dochtúir an Teaghlaigh/ Name of Family Doctor: \_\_\_\_\_

Uimhir Fóin an Dochtúir Teaghlaigh/ Family Doctor's Phone Number: \_\_\_\_\_

Seoladh an dochtúir Teaghlaigh / Family Doctor's Address:

\_\_\_\_\_

**An bhfuil aon fhadhb phearsanta, tinneas nó ailéirge ba chóir, ar leas an pháiste a bheith ar eolas ag an scoil?** Does your child have any personal difficulties, illness or allergy which for the child's welfare should be known to the school?

\_\_\_\_\_

**An bhfuil tú /sibh ar an eolas faoi aon riachtanais speisialta nó cúraim speisialta atá ag do/bhur páiste? Ceangail cóip de aon tuairiscí ábhartha le do thoil.** Are you aware of your child having any special educational needs or special care needs? If so, please details and attach all relevant reports (e.g. speech & language, occupational therapy, psycho-educational, psychological assessment etc.)

\_\_\_\_\_

**Ba chóir go cuirfear an scoil ar an eolas faoi aon Ord Dleathach a bhfuil éifeacht aige ar leasa an pháiste agus ainm éinne nár chóir an pháiste a fhágáil faoina cúram / chúram.** The school should be made aware of any court order that affects the child's welfare, and also the name of any person into whose custody the child should not be given.

\_\_\_\_\_

**Cén teanga nó teangacha a labhraítear sa bhaile?** What language or languages is/are spoken at home?

\_\_\_\_\_

**Reiligiún do Pháiste / Your Child's Religion (if any):** \_\_\_\_\_

**Eitneacht & Saoránacht do Pháiste / Your Child's Ethnicity & citizenship:** \_\_\_\_\_

**Eitneacht & Saoránacht Tuismitheoir 1 / Parent 1 Ethnicity & citizenship:** \_\_\_\_\_

**Eitneacht & Saoránacht Tuismitheoir 2 / Parent 2 Ethnicity & citizenship:** \_\_\_\_\_

**Ainmnigh na daoine a thugann sibh / tú cead dóibh teacht agus bhur / do pháiste a bhailiú.** Name the people who have your permission to collect your child.

1. **Ainm / Name** \_\_\_\_\_ **Uimhir / Number:** \_\_\_\_\_

2. **Ainm / Name** \_\_\_\_\_ **Uimhir / Number:** \_\_\_\_\_

3. **Ainm / Name** \_\_\_\_\_ **Uimhir / Number:** \_\_\_\_\_

**Ní mór duit / daoibh an scoil a chur ar an eolas roimh ré má theastaíonn uait/uaibh go mbaileoidh duine eile do pháiste.** You must let the school know in advance if you would like someone to collect your child whose name isn't included on this list.

## TUGAIM / TUGAIMID CEAD DON SCOIL I/ WE GIVE THE SCHOOL PERMISSION TO:

1. **Bindealán a chur ar mo pháiste.** Put a plaster on my child.
2. **Mo pháiste a thógáil chuig an dochtúir nó chuig an ospidéal má bhíonn gá agus tuigim go ndéanfaidh an scoil gach iarracht teacht i dteagmháil liom roimh ré.** Take my child to the doctor or to the hospital if necessary and I understand that the school will make every effort to contact me beforehand
3. **Éadaí mo pháiste a athrú i gcás timpiste.** Change my child's clothes in the event of an accident.
4. **Mo pháiste a thógáil ar thuras scoile.** To take my child on a tour.
5. **An t-eolas ar an bhfoirm seo a chur chuig an Roinn Oideachais agus Scileanna i bhfoirm POD.** Forward on the information on this form to the Department of Education and Skills in the form of POD (Primary Online Database).

## COMHAONTÚ/ AGREEMENT:

6. **Tuigim go mbeadh an scoil ag múineadh Oideachas Caidreamh agus Gnéasachta mar chuid den ábhar Oideachas Sóisialta Pearsanta agus Sláinte gach bliain mar atá le déanamh ach go gcuirfeam ar an eolas mé faoin ábhair íogair roimh ré.** I understand that the school will be teaching Relationships and Sexuality education as part of Social Personal and Health Education subject each year which is compulsory and that I/we will be informed of the sensitive topics well in advance.
7. **Tá cóip de theastas breithe mo pháiste / ár bpáiste tugtha don scoil leis an bhfoirm seo.** I am/We are giving a copy of my/our child's birth cert to the school with this form.
8. **Glacaim / Glacaimid le polasaithe na scoile.** I / We accept the school policies.

**Sínithe Chaomhnóirí Dílíthiúla an Pháiste / Signatures of the child's Legal Guardians:**

1. \_\_\_\_\_ **Dáta / Date:** \_\_\_\_\_

2. \_\_\_\_\_ **Dáta / Date:** \_\_\_\_\_

## CUMANN NA DTUISMITHEOIRÍ 2021 / 2022

### PARENTS' ASSOCIATION

**Beidh Cumann na dtuismitheoirí i nGaelscoil Lir ar mhaithe leis na páistí ar fad sa scoil. Beidh meascán d'imeachtaí ar siúl acu ar nós / We will have a Parents' Association in Gaelscoil Lir which benefits all the children in the school. They undertake a variety of work including;**

- **Dréachtú Polasaithe Scoile / School Policy Formation**
- **Imeachtaí Tionsaithe airgid a eagrú / Organisation of school fundraising events**
- **Cabhrú le himeachtaí scoile / Supporting school events**

**Teastaíonn uainn bunachar a chur le chéile do Chumann na dTuismitheoirí sa scoil le hainmneacha na dTuismitheoirí a bheadh sásta a n-ainmneacha, uimhreacha fóin agus seoltaí ríomhphoist a thabhairt don Choiste. Ciallaíonn sé seo go mbeadh said in ann teagmháil a dhéanamh libh. We would like to put together a database for the School's Parents' Association with the names, phone numbers and e-mail addresses of parents who consent. This would enable the parents' Association to be able to contact parents.**

**Má thuagann tú cead don scoil an trí phársa eolas sin a chur ar aghaidh chuig Choiste na dTuismitheoirí, iarrtar oraibh an duilín thíos a líonadh isteach agus a shíniú. If you give the school permission to pass on these three pieces of information to the parents' Association, we ask that you fill in the slip below and sign it.**

**Ainm / Name:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Uimhreacha Fón / Phone Numbers:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Seoltaí Ríomhphoist / Email Addresses:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Rang an Pháiste/ Child's Class:** \_\_\_\_\_

**Tugaim cead don scoil an t-eolas thuas a chur ar aghaidh chuig Chumann na dTuismitheoirí. I give the school permission to pass the above information onto the Parents' Association.**

**Síniú na dTuismitheoirí / Parents' Signatures:**

1. \_\_\_\_\_

2. \_\_\_\_\_

## **GRIANGHRAIF / FISEÁIN** **PHOTOGRAPHS / VIDEOS**

**Tugaim cead don scoil grianghraif a ghlacadh do mo pháiste agus:**

- **Iad a chrochadh sa scoil**
- **Iad a sheoladh chuig na nuachtáin áitiúla/ náisiúnta**
- **Iad a uaslódáil ar chuntais meáin shóisialta na scoile**
- **Iad a uaslódáil ar shuíomh greasáin na scoile**

**I give the school permission to take photographs of my child and to:**

- **Display them in the school**
- **Send them to the local or national newspapers**
- **Upload them on the school's social media pages**
- **Upload them on the school's website**

**Ainm an Pháiste / Child's Name:** \_\_\_\_\_

**Síniú an Tuismitheora / Chaomhnóra**  
**Parents' / Guardians' Signature:**

1. \_\_\_\_\_ **Dáta / Date:** \_\_\_\_\_

2. \_\_\_\_\_ **Dáta / Date:** \_\_\_\_\_