



GAELSCOIL  
ULTAIN

CNOC an CHONNAIDH

MUINEACHÁN

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## FOIRM CHLÁRAITHE do Mheán Fómhair 20\_\_

Ainm an Pháiste: \_\_\_\_\_

Seoladh: \_\_\_\_\_

Uimhir P.S.P.: \_\_\_\_\_

Náisiúntacht: \_\_\_\_\_

Dáta Breithe: \_\_\_\_\_

Ainm Tuismitheoirí/Caomhnóra: \_\_\_\_\_

Gairm Beatha: \_\_\_\_\_

Guthán: Baile: \_\_\_\_\_ Póca: \_\_\_\_\_

Obair: \_\_\_\_\_ Eile: \_\_\_\_\_

Má bhíonn an páiste tinn i rith am scoile:

(a) Cá háit a ndéanfar teagmháil le tuismitheoirí? \_\_\_\_\_

(b) An bhfuil cead an páiste a thabhairt chuig Dochtúir nó Banaltra, más gá? \_\_\_\_\_

(c) Ainm Dochtúir an teaghlaigh: \_\_\_\_\_

Aon Eolas Breise:

\_\_\_\_\_  
\_\_\_\_\_

Sínithe: \_\_\_\_\_ Dáta: \_\_\_\_\_

Don oifig amháin:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REGISTRATION FORM for September 20\_\_

Name of child: \_\_\_\_\_

Address: \_\_\_\_\_

P.P.S. No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone No: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Other Contact No: \_\_\_\_\_

In the case of the child being sick during school-time:

(a) Where can parent be contacted? \_\_\_\_\_

(b) Can the child be brought to Doctor or Nurse, if necessary:

\_\_\_\_\_  
(c) Name of family Doctor: \_\_\_\_\_

Any additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use only:

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