

**Naíonraí Teo.
Foirm Iontrála**

Naíonra Gharbháin, Clais na Lachan, Dún na Mainistreach, Dún Garbhán

Ainm an Pháiste/Child's Name:	Uimhir PSP (an linbh): Child's PPS. No: _____
Dáta Breithe/Date of Birth:	Áit sa Teaghlach/Place in the Family:
Dáta a thosaigh sa Naíonra: Date first attended Naíonra:	Dáta a chríochnaigh sa Naíonra: Date ceased to attend Naíonra:

Ainm an Tuismitheora/Chaomhnóra:/ Parent's/Guardian's Name:	Tuismitheoir/Parent (i)r	Tuismitheoir/Parent (ii)
Seoladh/Address:		
Fón/Telephone:		

Teagmhálaithe i gcás éigeandála/Contact(s) in the event of an emergency:		
Ainm/Name:	Seoladh/Address:	Fón/Tel:
1.	-	
2.		
3.		

Cumas sa Ghaeilge (Cuir tic sa bhosca cuí) Ability in Irish (Please tick):	An Mháthair/ Mother	An tAthair/ Father	An Páiste/ Child
Cainteoir/Native Speaker			
Gaeilge Mhaith/Competent			
Ar Bheagán Gaeilge/Some Irish			
Tuiscint/Understanding			
Gan Gaeilge ar bith/No Irish			

Úsáid teanga sa teaghlach/Language use at home: Agus an tuismitheoir ag caint leis an bpáiste sa bhaile labhraíonn sé/sí: When the parent is speaking to this child s/he speaks:	An Mháthair/ Mother	An tAthair/ Father
Béarla amháin/English only:		
Corrúsáid Ghaeilge/Occasional use of Irish:		
Roinnt Gaeilge, Béarla den chuid is mó/Some Irish, mostly English:		
A leath agus a leath/About half the time Irish and half the time in English:		
Gaeilge den chuid is mó, roinnt Béarla/Mostly Irish/some English:		
Gaeilge amháin/Irish only:		
Teanga eile/other language:		

Ainm an Dochtúra/Name of Family Doctor:	
Seoladh an Dochtúra/Address of Doctor:	Fón/Tel:

Stádas Díonachta/Immunization Status	Ní raibh/ No	Bhí/ Yes	Dátaí/When		
			1.	2.	3.
Eitinn Scamhóga/BCG					
(5/1) Diftéire, Tetanus, Triuch, Polaimiailíteas, HIB Diphtheria, Tetanus, Whooping Cough, Polio, Haemophilus influenza type b					
MMR; Bruitíneach, Leicneach, Rubella Measles, Mumps, German Measles					
Meiningítis C Meningitis C					

An raibh aon cheann díobh seo a leanas ag do pháiste? (Cur tic sa bhosca cuí) Did your Child have any of the following? (Please tick)	Ní raibh/ No	Bhí/ Yes	Dátaí/ When
Deilgneach/Chicken Pox			
An Triuch/Whooping Cough			
Leicneach/Mumps			
Bruitíneach/Measles			
An Bhruitíneach Dhearg/Rubella (German Measles)			

Aon fhadhb phearsanta nó tinneas ba chóir (ar son leas an pháiste) a bheith ar eolas ag an Naíonra? (cur tic sa bhosca cuí) Any personal difficulties or illness which (for the child's welfare) should be made known to the Naíonra? (Please tick)	Tá/Yes	Níl/No
Deacracht chainte/éisteachta/Speech/Hearing difficulty		
Asma/Asthma		
Coeliac/Coeliac		
Diabaetas/Diabetes		
Titeamas/Epilepsy		
Haemaifilia/Haemophilia		
Ailéirge/Allergy		
Riachtanais Speisialta/Special Needs		
Aon fhadhb eile/Any other problem		
I gcás timpiste sa Naíonra, an bhfuil cead an páiste a thabhairt go dtí an t-ospidéal? In case of an accident in the Naíonra do you give permission to have your child brought to the hospital?	Tá/Yes	Níl/No

- Táimid ag glacadh le hiarrataisí anois do na blianta seo a leanas:-
- Applications are now being accepted for the following years only:-

Cuir ✓ ar an mbliain/na blianta atá uait (má tá dhá bhliain uait cuir ✓ sa dá bhosca cuí).

Please ✓ the year/years which apply (if you require your child to attend for two years, please specify by ticking both).

2018-2019	
2019-2020	
2020-2021	
2021-2022	

Síniú an Tuismitheora/an Chaomhnóra/: _____
Signature of Parent/Guardian

Dáta/Date: _____