Fón: (01) 4574970
ríomhphost: oifig@gscd.ie
www.gscd.ie
19855P

Gaelscoil Chluain Dolcáin
Seanbhóthar Nangair
Cluain Dolcáin
D22 PE04

Tá gá na rudaí seo a leanas a bheith san iarratas/This application MUST be accompanied by:

1. Teastas Baiste do pháiste/ *Your child's birth certificate* Yes ❑ No ❑

2. Litir Cháilitheacht ón CNOS/ *Letter of eligibility from NCSE* Yes ❑ No ❑

3. Tuairisc(í) ghairmiúla a dhearbhaíonn gach ceann de na nithe seo a leanas/ *Professional report(s) which confirm(s)* ***ALL*** *of the below*

➢ Diagnóis ar Neamhord Speictrim Uathachais cháilitheach (DSM IV/V nó ICD 10)/ *A diagnosis of a qualifying Autism Spectrum Disorder (DSM IV/V or ICD 10).*

➢Moladh freastal ar rang Uathachais/ Speisialta/ *A recommendation to attend an Autism/ Special class.*

➢ Rinneadh an diagnóis ar Neamhord Speictrim Uathachais cháilitheach ag baint úsáide as nós imeachta measúnaithe cliniciúil agus síceolaíoch atá aitheanta go gairmiúil/ *The diagnosis of a qualifying Autism Spectrum Disorder was made using a professionally recognised clinical and psychological assessment procedure*

Yes ❑ No ❑

4. Cruthúnas ar sheoladh baile i bhfoirm bille fóntais nó ráiteas bainc, dátaithe taobh istigh de trí mhí don spriocdháta/ *One document for proof of address in the form of utility bills and/or bank statement of one/both parent(s)which must be dated no later than three months prior to the closing date*

Yes ❑ No ❑

Seol chuig/ Send to:

Gaelscoil Chluain Dolcáin,
Seanbhóthar Nangair,
Cluain Dolcáin,
BÁC 22.
D22 PE04

Gaelscoil Chluain Dolcáin
Bóthar Nangair
Cluain Dolcáin
Baile Átha Cliath 22
Fón: 01-4574970
Email: oifig@gscd.ie
Láithreán Greasáin: www.gscd.ie

Foirm Iontrála (Enrolment Form September 2026)

Ainm/ Child's Name: ……..

Dáta Breithe / Date of birth: ……

PPS Number: ……

Seoladh / Address: ……....

…….....

Ainmneacha na dTuismitheoirí / Parents' Names:……...

…….

Uimhreacha Guthán / Phone Numbers:

Mother's Work: ……. Father's Work…….

Mother's Mobile: ……. Father's Mobile:..……..

Ríomhphost/ Email: ……..

An bhfuil deartháir / deirfiúr sa scoil? / Does he/she have any brother/sister in the school?…….....

Ainm an Pharóiste agus ainm an tSagairt Paróiste / Name of Parish and name of Parish Priest: (This is needed for School Records)

……

……

Aon tinneas nó fadhbh phearsanta / Any illness, allergies or developmental difficulties which you feel your child's school should be aware of:

…….....

Dochtúir Teaghlaigh / Family Doctor ..…….

Seoladh/Address……..

Uimhir Teileafóin an dochtúra / Doctor's telephone number: …….

Ainmneacha agus uimhreacha i gcás éigeandála/Contact persons in case of emergency

Ainm / Name:……...

Uimhir Ghutháin / Telephone Number:……..

Cumas na dTuismitheoirí sa Ghaeilge? / Parents ability to speak Irish?

	Fluent	Fair	Very little
Athair / Father	☐	☐	☐
Máthair / Mother	☐	☐	☐

Ar fhreastal do pháiste ar aon Naíonra / Did your child attend any pre-school / Which one?

…….

An raibh tacaíocht AIMS ag do pháiste sa Naíonra/ Did your child have AIMS supports in Preschool?

…….....

Aon eolas eile? / Any other information you consider relevant?

Eolas Breise/ Additional Information

Páiste ag aistriú ó scoil eile/ Child transferring from another school

An rang ina raibh siad/*Class attended at previous school*			
Ainm & Seoladh na Scoile/ *Name and address of previous school*		Uimhir fóin na scoile/ *Telephone number of previous school*	

An bhfuil riachtanais eile ag do pháiste/ *Does your child have any other specific needs?*

Please note, this information is for planning purposes only and does not impact the application process.

Specific Needs	Yes	No	Specific Needs	Yes	No	If you answered yes to any of these please give details below	Don oifig amháin	
Educational Needs			Sight difficulty			* attach any relevant documentation/reports	***Cáipéisí***	***Ar fáil*** ✓
Emotional Needs			Speech differences (AAC/ Gestalt/ Non-Speaking)				Teastas Baiste	
Physical Needs			Skin problems				Litir Cháilitheacht	
Intellectual Needs			Allergies				Tuairiscí	
Hearing difficulty			Medical (Asthma/ Pica, SRL)				Cruthúnas ar sheoladh baile	
Additional Reports							Eile	

Signature of parents: (1) _____ (2) _____

In circumstances where only one parent is signing, please indicate by signing below, that the second parent is aware that this application for enrolment in Gaelscoil Chluain Dolcáin is being made.

Signed: _____ Date: _____