

FOIRM IARRATAIS / APPLICATION FORM

Ainm / *Name*

Cailín Buachaill

Seoladh / *Address*

Fón do thí / *Home telephone*

(or one at which you can be contacted)

Fón póca / *Mobile phone*

Rphoist / *Email*

Dáta Breithe / *Date of Birth*

(Students must be between 10-18 years of age on 1/7/10)

Scoil / *School*

Seoladh / *Address*

Rang / *Class*

Ainm an Mhúinteora Gaeilge / *Name of Irish Teacher?*

Cúrsa atá uait / *Choice of Course*

A	06/06/10 - 28/06/10	
B	29/06/10 - 21/07/10	
C	22/07/10 - 13/08/10	

Teach Lóistín / *Guesthouse of your choice if there is room.*

(to be completed only by past pupils)

(Preferred Guesthouse cannot be guaranteed)

Cara amháin a bheidh ag fanacht leat

Name of friend you wish to be accommodated with.

If parents are away during course state the name and telephone number of person who would be responsible for child | children in case of emergency.

Name

Telephone

Síniú an Tuismitheora / Caomhnóra

(Signature of Parent | Guardian denoting acceptance of College Rules)

Dáta / *Date*

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Coláiste Gaeilge a d'fhreastal tú roimhe seo /

Irish College at which you previously attended.

Taisteal / *Travel* Poiblí Príobháideach
Public Private

Ionad Agallaimh / *Interview centre of your choice*

Brothers | Sisters who previously attended Coláiste Chonnacht

Ainm

Bliain Cúrsa

Information on any health problems the applicant might have.

(All medical fees are the responsibility of parents or guardian)

Medical Card No.

(If you have a current medical card send copy of same with application.)

We would recommend that booking would be made as early as possible to avoid disappointment.

Forward Application Form and Deposit of €300 plus a stamped addressed envelope to:

An Rúnaí,
Coláiste Chonnacht Teo.,
An Spidéal,
Co. na Gaillimhe.