



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 No. Student*

Fón póca / *Mobile No. Parent*

Rphoist / *Email Student*

Rphoist / *Email Parent*

Dáta Breithe / *Date of Birth*

(Students must be between 10-18 years of age on 1/7/12)

Scoil / *School*

Seoladh / *Address*

Rang / *Class*

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

Cúrsa atá uait / *Choice of Course*

A	03/06/12 - 24/06/12	
B	27/06/12 - 19/07/12	
C	22/07/12 - 12/08/12	

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 **one 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.

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Ionad Agallaimh / *Interview centre of your choice*

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Information on any health problems the applicant might have.
(All medical fees are the responsibility of parents or guardian)

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Medical Card No.

Please note that all medical expenses are the responsibility of the parent/ guardian.
Parents are advised that it is in their interest to have Personal Accident Insurance.
(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 €200 plus a stamped addressed envelope to:

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