FOIRM IARRATAIS / APPLICATION FORM
Ainm / Name
Cailín Buachaill
Seoladh / Address
F(z, dz, lb(), H, z,
Fón do thí / Home telephone
(or one at which you can be contacted) Fón póca Mobile No. Student
Fón póca / <i>Mobile No. Parent</i>
Rphoist / <i>Email Student</i>
Rphoist / Email Parent
Dáta Breithe / Date of Birth
(Students must be between 10-18 years of age on 1/7/12)
Scoil / <i>School</i>
Seoladh / Address
Rang / Class
Ainm an Mhúinteora Gaeilge / Name of Irish Teacher?
Cúrsa atá uait / <i>Choice of Course</i>
A 03/06/12 - 24/06/12
B 27/06/12 - 19/07/12
C 22/07/12 - 12/08/12
22/01/12 12/00/12
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)
Déta / Data
Dáta / Date

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Coláiste Gaeilge a d'fhreastal tú ro	,
Irish College at which you previously	v attended.
Ionad Agallaimh / Interview centre	of your choice
Information on any health problems	the applicant might have.
(All medical fees are the responsibility of	f parents or guardian)
Medical Card No.	
Please note that all medical expenses are the re	sponsibility of the parent/ gaurdian
Parents are advised that it is in their interest to	have Personal Accident Insurance

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

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

Forward Application Form and Deposit of €200 plus a stamped addressed envelope to:

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