FOIRM IARRATAIS / APPLICATION FORM
Ainm / Name
☐ Cailín ☐ Buachaill
Seoladh / Address
Fón do thí / Home telephone
4
(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 1/7/11)
Scoil / School
Seoladh / Address
Rang / Class
Ainm an Mhúinteora Gaeilge / Name of Irish Teacher?
Timin an imanicora duenge / Timin of hish Teacher.
Cúrsa atá uait / Choice of Course
Cuisa ata uan / Choice of Course
A 05/06/11 - 27/06/11
B 28/06/11 - 20/07/11
C 21/07/11 - 12/08/11
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
Telephone
Síniú an Tuismitheora / Caomhnóra
(Signature of Parent / Guardian denoting acceptance of College Rules)
Dáta / Date

FOIRM IARRATAL	S / APPLICAT	ION FORM
Coláiste Gaeilge a	a d'fhreastal t	ú roimhe seo /
Irish College at wh	nich you previe	ously attended.
Taisteal / Travel	Poiblí 🗌	Príobháideach 🗌
	Public	Private
Ionad Agallaimh	/ Interview cer	ntre of your choice
Brothers / Sisters	who previousi	ly attended Coláiste Chonnacht
		,
		'sa
Information on an	v health proble	ems the applicant might have.
(All medical fees are the	-	
(711 medicar rees are the	responsibility of p	sarcins of guardian,
		••••••
Medical Card No.		
		ony of same with annlication)

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.