

**Gortaleam National School**  
**Roll Number: 18686N**

**GORTALEAM NS APPLICATION FORM FOR ADMISSION – 2024/25**

<i><b>This is an Application Form for admission and does not constitute an offer of a place, implied or otherwise.</b></i>	
Completed applications will be accepted from:	01/02/2024
The closing date for receipt of applications is:	22/02/2024

<b>All Application Forms and accompanying documentation should be sent to:</b>	<b>For office use only</b>
Gortaleam NS Gortaleam Dunmore, Co. Galway H54NY66	Date received: ____/____/____ School Stamp:

**Please ensure you return the following documents to the school to complete the application:**

☐ An original long birth-certificate (together with a copy).

**\*please provide a stamped, self-addressed envelope for return of original certificate**

**Please tick the Class Group(s) the child is applying to enter:**

- |   |                                       |                                       |                                      |
|---|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Junior Infants | <input type="checkbox"/> First Class  | <input type="checkbox"/> Third Class  | <input type="checkbox"/> Fifth Class |
| <input type="checkbox"/> Senior Infants | <input type="checkbox"/> Second Class | <input type="checkbox"/> Fourth Class | <input type="checkbox"/> Sixth Class |
| <input type="checkbox"/> ASD class      |                                       |                                       |                                      |

Where the child is seeking a place in the special class, please provide details of the special educational needs of the student, including an Educational/Clinical Psychologist's report.

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Please complete all sections of the following application using BLOCK CAPITALS									
SECTION 1 – CHILD DETAILS									
<i>Details of the young person for whom this application is being made.</i>									
First Name:									
Surname:									
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>								
Child's Address:									
Eircode:									
PPSN:									
Date of Birth:	Day		Month		Year				

SECTION 2 – DETAILS OF PARENT/GUARDIAN		
<i>This information is sought for the purposes of making contact about this application.</i>		
	Parent / Guardian 1	Parent / Guardian 2
Prefix: (e.g. Mr. / Ms. / Ms. etc.)		
First Name:		
Surname:		
Address:		

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Eircode:		
Telephone no.		
Email address:		
Relationship to child:		

**IMPORTANT INFORMATION:**

- **You are required to submit:**  
An original long birth-certificate (together with a copy).
- **All of the information that you provide in this Application Form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid.**
- **Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.**
- **Please sign below to demonstrate that you have read and understood this information.**

\_\_\_\_\_  
(Parent / Guardian 1)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent / Guardian 2)

\_\_\_\_\_  
(Date)

<b>OFFICE USE ONLY</b>
Date Application Received:
Checked by:
Date entered on School Database:
Entered by: