



## Foirm Iarratais / Application Form

Naíonáin Shóisearacha / Junior Infants Class 2026-2027

## Gaelscoil Osraí

An Pháirc Mhór Theas, Bóthar Uachtar Rátha  
Cill Chainnigh R95 AT85

Guthán 056 – 77 65697

Ríomhphost: [runai@osrai.com](mailto:runai@osrai.com)

[www.osrai.com](http://www.osrai.com)

Uimhir Rolla : 19856R

Léigh ár bPolasaí Cláraithe go cúramach, le do thoil, sula líonann tú an fhoirm seo. Please read our enrolment policy carefully before you fill in this form.

Líon gach cuid den bhfoirm seo le d' thoil/Please complete all sections of this form

Ní mór an fhoirm chomhlánaithe seo a bheith faighte ag Gaelscoil Osraí idir 5<sup>ú</sup> Eanáir, 2026 agus 30<sup>ú</sup> Eanáir, 2026, le go mbreithneofar í le haghaidh iontrála.

*This completed form must be received by Gaelscoil Osraí between 5<sup>th</sup> January, 2026 and 30<sup>th</sup> January, 2026, to be considered for admission.*

### Iarratas ar Naíonáin Shóisearacha 2026-2027/ Application for Junior Infant Class 2026-2027

<b>Sloinne an Pháiste</b> _____ <i>Child's Surname</i>	<b>Ainm an Pháiste</b> _____ <i>Child's Name</i>
<b>Seoladh</b> _____ <i>Address</i>	
<b>Uimhir Theilafóin</b> _____ <i>Home Phone Number</i>	<b>Dáta Breithe</b> _____ <i>Date of Birth</i>
<b>Uimhir PPS</b> _____ <i>PPS Number</i>	<b>Éircód</b> _____
<b>Náisiúntacht</b> _____ <i>Nationality</i>	Buachaill <input type="checkbox"/> Cailín <input type="checkbox"/> <i>Male Female</i>

<b>Sonraí Tuismitheora / Caomhnóra (Parents / Guardians Details)</b>			
<b>Ainm an Athar / Caomhnóra</b> _____ <i>Name of Father / Guardian</i>	<b>Iar Scoláire</b> _____ <i>Past Pupil</i>	Is ea (Yes) <input type="checkbox"/>	Ní hea (No) <input type="checkbox"/>
<b>Uimhir Theilafóin</b> _____ <i>Mobile Phone Number</i>	<b>Ríomhphost</b> _____ <i>E-mail</i>		
<b>Ainm na Máthar / Caomhnóra</b> _____ <i>Name of Mother / Guardian</i>	<b>Iar Scoláire</b> _____ <i>Past Pupil</i>	Is ea (Yes) <input type="checkbox"/>	Ní hea (No) <input type="checkbox"/>
<b>Uimhir Theilafóin</b> _____ <i>Mobile Phone Number</i>	<b>Ríomhphost</b> _____ <i>E-mail</i>		

Cuir tic leis an catagór chláirúcháin a bhaineann le do pháiste./ Please tick the enrolment criteria that applies to your child.

1.  Páistí a bheidh 4 bliana d'aois roimh 1ú Meán Fomhair don bhliain iarratais, go bhfuil leibhéal líofachta acu atá ar leibhéal go mbeifeá ag súil leis da mbeadh an teanga á labhairt mar ghnáth mhodh cumarsáide i suíomh neamhoideachasúil, ag tógaint san áireamh aois agus aon riachtanais speisialta oideachais atá ag an bpáiste agus go mbeadh an dóchúlacht go n-imeodh an líofacht luaite ar gcúl muna scaoilfí an páiste isteach i scoil Ghaeilge. Tabharfar tús áite do pháiste níos sine.

*Children who will be 4 years of age before 1<sup>st</sup> September in the year for which they are applying for a place who have attained a level of fluency in the Irish language indicative of what would be expected of a student who uses the Irish language as a normal means of communication in a non-educational environment, taking into account the age and any special educational needs of the student concerned and that the said fluency would be likely to regress were the student not admitted to an Irish language school. Priority in this category will be given to the oldest child.*

**(Is gá fianaise a chur ar fáil leis an iarratas a chruthaíonn go bhfuil leibhéal líofachta ag do pháiste sa Ghaeilge atá ar leibhéal a mbeifeá ag súil leis dá mbeadh an teanga á labhairt mar ghnáthmhodh cumarsáide i suíomh neamhoideachasúil, ag tógaint san áireamh aois agus aon riachtanais speisialta oideachais atá ag an bpáiste.) Evidence must be supplied with this application.**

2.  Páistí a bhfuil deartháir, deirfiúr, leath-shiblín, siblín altramaigh nó uchtaithe acu, atá ag freastail ar an scoil fé láthair.

*Children who have a brother, sister, half-sibling, foster or adopted sibling a of child currently attending the school.*

Ainmneach deartháireacha/deifiúracha atá ag freastal ar Ghaelscoil Osraí.

*(First names of older siblings attending Gaelscoil Osraí)*

Ainm(Name)

Rang (Class)

Dáta Breithe (Date of Birth)

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\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3.  Páistí a bhfuil deartháir, deirfiúr, leath-shiblín, siblín altramaigh nó uchtaithe acu a d'fhreastail ar Ghaelscoil Osraí cheana féin.

*Children who have a brother, sister, half-sibling, foster or adopted sibling, who has previously attended Gaelscoil Osraí.*

Ainmneach deartháireacha/deifiúracha a bhí ag freastal ar Ghaelscoil Osraí.

*(First names of older siblings who attended Gaelscoil Osraí)*

Ainm(Name)

Rang (Class)

Dáta Breithe (Date of Birth)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4.  **Páistí iarscoláirí (25% ar a mhéid). Tabharfar tús áite do na páistí is sine.**

*Children of past pupils (Maximum 25% of total places). Priority in this category will be given to the oldest child.*

Ainm an tuismitheora a bhí ag freastal ar Gaelscoil Osraí:

*(Names of parent who attended Gaelscoil Osraí)*

Ainm Rang /bliain a thosaigh an tuismitheoir sa scoil (Name) (Class or year entered school)

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5.  **Iarrathóirí eile a fuarthas roimh an data deirneach d'iarratais de réir an Fhógra Bhliantúil maidir le ligean isteach, agus a bheidh 4 bliana d'aois roimh 1ú Meán Fomhair don bhliain iarratais. Tabharfar tús áite don bpáiste is sine.**

***Other applicants whose applications were received in the timeframe outlined in our Annual Admission Notice and who will be 4 years of age before 1<sup>st</sup> September in the year for which they are applying for a place. Priority in this category will be given to the oldest child.***

Any other information which the school should be made aware of. \_\_\_\_\_

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Please tick to confirm: Cuir tic le deimhniú:

Tá Teastas Breithe ceangailte agam leis an iarratas seo

I have attached a Birth Certificate to this application. \_\_\_\_\_

Síniú tuismitheora/caomhnóra:/ Signatures of parents/guardians:

(1)

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(2)

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Dáta: \_\_\_\_\_

Don Oifig:

Scoilbhliain:

Dáta: