

Meán Scoil Nua an Leith-Triúigh

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Enrolment Form:

Forename : _____

Surname: _____

Address: _____

Date of Birth: _____

Country of Birth: _____

Student P.P.S. Number: _____

Mother's Name: _____

Mother's Contact Number: _____

Father's Name: _____

Father's Contact Number: _____

Mother's Maiden Name: _____

Name of Present School: _____

E-mail address: _____

Does this student have a medical card: (Please x) Yes ____ No ____

Any Medical Condition we should be aware of:

Any specific learning difficulties we should be aware of or any other important information:

Signed (Parent/Guardian): _____ Date: _____