



Ard Ynseyder: Bnr J G Matthews  
Headteacher

Bunscoil Ghaelgagh  
Raad Mooar Main Road  
Balley Keeill Eoin St Johns  
Ellan Vannin Isle of Man  
IM4 3NA

Chell Tel: 01624 803330  
BunscoilEnquiries@sch.im

<https://bunscoilghaelgagh.sch.im/>

**INITIAL ENQUIRY FORM:** Completion of this form confirms your interest in your child commencing their primary school education at **Bunscoil Ghaelgagh**. We must draw your attention to the following:

**Please refer to our Admission Policy for clarification regarding priority places for enrolment**

Surname:

Christian name(s):

NAME OF CHILD: .....

DATE OF BIRTH

date:

month:

Year:

GENDER :

male / female

*(delete as appropriate)*

ADDRESS **AT BIRTH** .....

NAME OF PARENTS/ GUARDIANS .....and.....

Please give name and address of any playgroups / nurseries attended and/or attending:

.....

*For statistical and marketing purposes, we are particularly keen to note which families are aware of Moinjer Veggey playgroups and nurseries on the Island. (Moinjer Veggey is an educational charity promoting knowledge and use of Manx Gaelic to children from Early Years and upwards. Moinjer Veggey runs registered nurseries throughout the Isle of Man where children have the opportunity to learn some Manx Gaelic. All are registered with the Department of Social Care.) See <http://www.moinjerveggey.org.im> for current information.*

Are you familiar with the Moinjer Veggey Early Years provision:

Yes / No

*(delete as appropriate)*

**PLEASE TURN OVER PAGE AND CONTINUE**

**PRESENT HOME ADDRESS AND CONTACT TELEPHONE NUMBER**

.....

IF APPLICABLE; NAME OF SIBLINGS AT THIS SCHOOL

.....

Please advise us what motivates you to register your child with Bunscoil Ghaelgagh:

.....

.....

.....

Vel oo loayrt Gaelg? C'raad ren oo gynsaghey? Ny, vel oo gynsaghey Gaelg ec y traa t'ayn? Quoi t'ou gynsaghey marish?

.....

.....

Have you enrolled or do you intend to register your child with other primary schools on the Island and please provide details if so?

.....

PARENT / GUARDIAN SIGNATURE: .....

PARENT / GUARDIAN NAME: .....

DATE: ..... Contact name and numbers: .....

email address (only enter if you check your emails): .....

**You will be contacted at the beginning of the calendar year in which your child is due to start school to assess a) whether you remain interested in a place b) whether or not your place can be confirmed (ie, in the cases of large intakes where priority has to be given to siblings.)**