



Glenageary Killiney N.S.

Established to serve the Parishes of St. Paul's Glenageary;
Killiney, St. Matthias' and Killiney, Holy Trinity

Application Form for Enrolment Junior Infants 2021

APPLICANT STUDENT'S NAME

Killiney Road
Killiney
Co Dublin
Tel 01-2856011
Email: info@gkns.ie
Roll No: 19400U

Data Protection Statement

This data is sought purely for enrolment purposes and will not be used or disseminated for any other purpose. We will store some of this data on the Aladdin Schools Online Management Information System (MIS) / Student Information System (SIS) and the Primary On-Line Database of the Department of Education & Skills.

This application form must be properly completed and accompanied by the relevant supporting documentation and returned to the School Office by Monday, 16th November 2020 @ 2.15 p.m.

<i>Please complete in block capitals</i>	Applicant Student
	Junior Infants
Full Name of the Applicant Student	
Full Postal Address of the Applicant Student (including Eircode)	Eircode:
Date of Birth of the Applicant Student	Date __ __ // Month __ __ // Year __ __ __ __
Siblings (currently in Glenageary Killiney N.S.) if applicable	

A statement confirming membership of a minority religion

I/We confirm that _____ is a member of a minority religion
(Student Applicant's Name)

Please ✓ Yes or No

I/We wish the Applicant Student to be enrolled and educated in Glenageary Killiney N.S. which has a Church of Ireland ethos & provides a programme of religious education (as outlined in the Admissions Policy)

Please ✓ Yes or No

Please complete if applicable

You may provide any evidence you wish to include to support your statement that the Applicant Student is a member of a minority religion including but not limited to

- a letter from the relevant Church leader confirming that the Applicant Student is a member of the minority religion *or*
- the signature and stamp of the relevant Church leader on this application form confirming, that the Applicant Student is a member of the minority religion

I confirm that _____ is a member of _____
(Applicant Student's Name)

Is this a minority religion: Please Yes or No

Signed: _____ Block Capitals: _____
(Title)

Contact Details: _____

Please Stamp Here

Check List

Applicant Student's Birth Certificate enclosed	
Proof of Address – Utility Bill – Gas, Electricity or Fixed Landline Telephone dated within the last three months	
Statement completed confirming Applicant Student is a member of a minority religion (if applicable)	
Evidence to support the completed statement confirming that Applicant Student is a member of a minority religion (if applicable)	

<i>Please complete in block capitals except for signature</i>	Parent 1 / Guardian 1	Parent 2 / Guardian 2
Full Name of Parent/s or Guardian/s (the Applicants)		
Full Postal Address of the Applicants including Eircode	Eircode:	Eircode:
Mobile Tel. No.		
Email address		
Parent /Guardian Signature Block Capitals	<i>I declare that the information provided by me on this form is accurate.</i> <hr/> <hr/>	<i>I declare that the information provided by me on this form is accurate.</i> <hr/> <hr/>