



## **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 Senior Infants to 6<sup>th</sup> Class 2024/25**

**APPLICANT STUDENT'S NAME**

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Killiney Road  
Killiney  
Co Dublin  
A96 P585  
Tel 01-2856011  
Email: [info@gkns.ie](mailto: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 On-Line 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, 22<sup>nd</sup> April 2024 @ 2.15 p.m.***

<b><i>Please complete in block capitals</i></b>	<b>Applicant Student</b>
<b>Please <input checked="" type="checkbox"/> relevant box</b>	<input type="checkbox"/> Senior Infants <input type="checkbox"/> 1 <sup>st</sup> Class <input type="checkbox"/> 2 <sup>nd</sup> Class <input type="checkbox"/> 3 <sup>rd</sup> Class <input type="checkbox"/> 4 <sup>th</sup> Class <input type="checkbox"/> 5 <sup>th</sup> Class <input type="checkbox"/> 6 <sup>th</sup> Class
<b>Full Name of the Applicant Student</b>	
<b>Current Address of the Applicant Student i.e. where the applicant student is residing at the time of application</b>	
<b>Please include Eircode</b>	<b>Eircode:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Date of Birth of the Applicant Student</b>	Date ___ // Month ___ // Year _____
<b>Siblings (currently in Glenageary Killiney N.S.) if applicable</b>	
<b>Current School (Name &amp; Address)</b>	
<b>Name &amp; Contact Tel. No. of Principal in current school</b>	
<b>Reason for transferring</b>	

**A statement confirming membership of a minority religion**

<p>I/We confirm that _____ is a member of a minority religion (Student Applicant's Name)</p> <p>Please <input checked="" type="checkbox"/> <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
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<p>I/We wish the Applicant Student to be enrolled and educated in Glenageary Killiney N.S. which has a Church of Ireland ethos &amp; provides a programme of religious education (as outlined in the Admissions Policy)</p>	<p>Please <input checked="" type="checkbox"/> <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
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***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) (Church/Denomination)

Is this a minority religion? Please  Yes or  No

Signed: \_\_\_\_\_ Block Capitals: \_\_\_\_\_  
\_\_\_\_\_  
(Title)

Contact Details: \_\_\_\_\_

Please Stamp Here

***Check List for Applicant/s***

Applicant Student's Birth Certificate enclosed	
Proof of Current Address of Applicant Student – 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)	
Applicant Student's most recent school report and contact details of the School Principal	
Signed by parents/guardians	

<i>Please complete in block capitals except for signature</i>	<b>Parent 1 / Guardian 1</b>	<b>Parent 2 / Guardian 2</b>
<b>Full Name of Parent/s or Guardian/s (the Applicants)</b>		
<b>Current Address of the Applicants i.e. where the applicants are residing at the time of application</b>		
<b>Please include Eircode</b>	<b>Eircode:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Eircode:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Mobile Tel. No.</b>		
<b>Email address</b>		

I/We declare that all the information entered on this form is true and accurate.

I/We have read the school's Code of Behaviour and Admissions Policy.  
*(available on the school website [www.gkns.ie](http://www.gkns.ie))*

I/We understand that the completion of this application does not guarantee that a place in the school will be made available to my/our child.

I/We understand that if my child's name is placed on a waiting list, the waiting list terminates at the end of the school year.

Signature of Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent /Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_