



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 6th Class 2026/27

APPLICANT STUDENT'S NAME

Killiney Road
Killiney
Co Dublin
A96 P585
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 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, 10th November 2025 @ 2.15 p.m.

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

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 & 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>	Parent 1 / Guardian 1	Parent 2 / Guardian 2																
Full Name of Parent/s or Guardian/s (the Applicants)																		
Current Address of the Applicants i.e. where the applicants are residing at the time of application Please include Eircode	Eircode: <table border="1" data-bbox="591 716 932 764"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									Eircode: <table border="1" data-bbox="1068 716 1409 764"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
Mobile Tel. No.																		
Email address																		

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)

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 _____