



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 to ASD Class Junior Infants to 6th Class 2026/27

*Please refer to [Section 4](#) of [Glenageary Killiney N.S. Admission Policy](#)
[for required documentation to support this application.](#)*

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 & Youth.

***This application form must be properly completed and accompanied by the relevant supporting documentation and returned to the School Office by
Monday, 16th March 2026 @ 2.15 p.m.***

<i>Please complete in block capitals</i>	Applicant Student
Please <input checked="" type="checkbox"/> relevant ASD class level you are applying for:	<input type="checkbox"/> Junior Infants <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	

Check List for Applicants

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	
Professional Reports confirming diagnosis of Autism & Letter of Eligibility from NCSE (National Council for Special Education).	
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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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"/>
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 _____