

Appendix 2

Religious Affirmation Statement

S.N. Mhíchíl Naofa,
11, Sr.Ó'Bearáin
Luimneach.
V94 AOK7
Uimh. Rolla 12834 S



Saint Michael's N.S
11, Barrington St.,
Limerick.
V94 AOK7
Tel/Fax 061-315927

Email: info@smnslimerick.ie

Website: www.smnslimerick.ie

Please complete in block capitals		
Child's Details		
Surname		
First Name		
Address		
Eircode:		
Religious Denomination:		
Date of Birth:		
Siblings (currently enrolled in Saint Michael's N.S)		
Please complete in block capitals	Parent/Guardian 1	Parent/Guardian 2
Name:		
Address/Eircode		
Religious Denomination		
Home Telephone No:		
Mobile Telephone No:		
Email Address:		
Parent/Guardian Signature:	<i>I declare that the information provided is accurate and I accept the school ethos as outlined in the Enrolment Policy of Saint Michael's N.S.</i>	
Parochial Certificate – to be completed by Clergy:		
I confirm that _____ attends _____ Church		
Signed: _____ Print Name: _____ Date: _____		