



Admission Form

Saint Michael's N.S.
11 Barrington St.
Limerick.
V94AOK7
Tel:061315927
Roll No: 12834S
www.smnslimerick.ie

This admission form must be properly completed and accompanied by the relevant supporting documentation and returned to the School Office.

Religious Affirmation Statement: A Statement confirming membership of a minority religion

PLEASE COMPLETE IN BLOCK CAPITALS	
Full Name of the Applicant Student	
Gender	
Full Postal Address of Applicant Student	
Eircode	
Class you are applying for	
Previous Primary school attended	
Date of Birth of the Applicant Student	Day _____ //Month _____ // Year _____
Siblings (currently in Saint Michael's N.S. if applicable)	
I/We confirm that _____ is a member of a minority religion (Student Applicant's Name) Please <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	

I/We wish the Applicant Student to be enrolled and educated in Saint Michael's N.S. which has a Church of Ireland Ethos & provides a programme of religious education (as outlined in the Admissions Policy)	Please <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No
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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)

Is this a minority religion: Please Yes or No

Signed: _____ Block Capitals: _____

Contact Details: _____

Please Stamp Here

Check List	
Applicant Student's Birth Certificate enclosed	
Proof of Address – Utility/Gas/Electricity/Telephone dated within the last three months	
Religious Affirmation Statement completed confirming Applicant Student is a member of a minority religion (if applicable)	
Evidence to support the completed religious affirmation statement confirming that Applicant Student is a member of a minority religion (if applicable)	

Please complete in block capitals except for signature	Parent 1/Guardian 1	Parent 2/Guardian 2
Full Name of Parent/s or Guardian/s		
Full Postal Address		
Mobile Tel. No.		
Email Address PLEASE PRINT		
Parent/Guardian Signature Block Capitals	I declare the information provided by me on this is accurate. _____ _____	I declare the information provided by me on this is accurate. _____ _____

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)

Appendix 1

