St. Kilian's Community School

APPLICATION FORM for Admission to 1st Year 2027/2028

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANT.

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

Closing date for receipt of application form is October 22nd 2026 at 4.00pm

Data Protection

The personal data required from you on this admissions form (part 1) is required for the purposes of:-

- fulfilling our legal obligation to provide an education to students
- student enrolment and student registration
- allocation of teachers and resources to the school
- school administration
- to fulfil our other legal obligations
- to process appeals, resolve disputes and defend litigation etc.

OFFICE RECEIPT DATE STAMP AND TIME

1. You have the following statutory rights that can be exercised at any time:

(a) Right to complain to supervisory authority.
(b) Right of access.
(c) Right to rectification.
(d) Right to be forgotten.
(e) Right to restrict processing.
(f) Right to data portability.
(g) Right to object and automated decision making/profiling.

For further information please see our school Data Protection Policy on our website. Should you wish to discuss anything in regard to Data Protection, please contact the Principal via the school office email : admin@stkilianscs.com

1. PERSONAL DETAILS (required for Stage 1 of application process)

Student Surname		
Student First Name(s)		
Home Address		
County		**Eircode:**
Date of Birth	__ __/__ __/__ __ __ __	
Birth Certificate Attached	Yes ☐ No ☐ ***(Please tick √ appropriate box)***	
Birth Certificate Forename *(if different to above)*		
Birth Certificate Surname *(if different to above)*		
Mother's Maiden Name		

2. EDUCATIONAL DETAILS (REQUIRED FOR STAGE 1 OF APPLICATION PROCESS)

Name of Primary School (currently attending)	
Address of Primary School (currently attending)	
Roll Number of Primary School (currently attending)	

3. FAMILY DETAILS *(REQUIRED FOR SCHOOL ENROLMENT AND PARENTAL CONTACT PURPOSES)*

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Surname		
First Name(s)		
Relationship to Student ***(Mother/Father/Guardian /Other). If 'Other', please provide details***		
Phone Number		
Mobile Number for Messaging from School		
Please indicate ONE number, which may be used for communication in relation to this application. ***Mobile Number:*** _____		
Contact E-mail Address		
Postal Address ***(if different from student's)***		

Who should receive correspondence?	Mother only ☐	Title:	Surname:
	Father only ☐	Title:	Surname:
	Guardian only ☐	Title:	Surname:
	Two Parents/Guardians ☐	Title 1: Title 2:	Surname 1: Surname 2:

Names of siblings who previously attended St. Kilian's CS. **Please state the years of attendance.**	• (Years: _____ to _____) • (Years: _____ to _____) • (Years: _____ to _____) • (Years: _____ to _____)
Names of siblings currently attending St. Kilian's CS.	• (Class: _____) • (Class: _____) • (Class: _____) • (Class: _____)

"I DECLARE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT"

Signature: _____ **Date:** _____

Parent/Guardian

Print Name: _____

CHECKLIST:

Have you enclosed the following for photocopying by the Office Staff:

- **Original Birth Cert of student?**
- **Two original utility bills e.g. Electricity, Gas, Landline, showing the home address?**

Have you:

- **Completed and signed all relevant sections?**
- **Ticked all relevant boxes?**
- **Enclosed two passport-size photos of the student?**

Failure to complete form fully and supply all necessary documentation will deem application invalid.

If/when a letter of offer is issued, we will supply you with Part 2 of the Application Form. This involves all further required information regarding your son/daughter.
This form must be completed fully and returned to the school, within the specified timeframe.