



LIBERTY CHRISTIAN SCHOOL

Mungret College, Limerick, Ireland
Tel 087 1262601 / 061 303022
www.lcsmungret.com
lcsmungret@gmail.com

APPLICATION FOR ADMISSION*

(one per child)

Year beginning: September _____

*Please note that completion of this form does not entitle your child to a place in Liberty Christian School. This form is only an expression of interest on your part in obtaining a place.

CHILD'S DETAILS

First Name: _____ Surname: _____

Date of Birth: _____

Address: _____

Is the student on any medication? ___ Yes ___ No

If yes, please explain: _____

Does the student have any educationally significant disabilities that the school should be aware of? ___ Yes ___ No

If yes, please explain: _____

Previous school(s) attended

Name of school: _____ Dates of attendance: _____

Name of school: _____ Dates of attendance: _____

Has the student ever:	Yes/No	If yes, Explain
Repeated any grade	_____	_____
Been a disciplinary problem	_____	_____
Been dismissed or suspended	_____	_____

PARENTS' DETAILS

Name: _____

Tel (home): _____ Tel (mobile): _____

Email: _____

If the child is not living with father and/or mother, please explain the home circumstances in which the child lives.

I understand that, in order to obtain a place in Liberty Christian School, we will undertake an enrolment procedure which includes and application form, placement testing, interview and payment of deposit.

Name of Parent/Guardian (Please print): _____

Signature of Parent/Guardian: _____

Date: _____

For Office Use Only		
Application received	Date: _____	Verified by: _____
Diagnostic Testing	Date: _____	Verified by: _____
Accepted	Date: _____	Verified by: _____
Registration completed	Date: _____	Verified by: _____
Comments: _____		