SULLIVAN UPPER SCHOOL



APPLICATION FOR ADMISSION TO THE SECONDARY DEPARTMENT:

KEY STAGE 4 (Year 11)

This form is to be used by the parents of pupils who wish to be considered for admission to **Year 11** (or in exceptional circumstances to Year 12) and should be completed and returned on or before **31 May** in the appropriate year.

NAME

DOB (dd/mm/yyyy)

YEAR APPLIED FOR Year 1						Year 12	
PREVIOUS SCHOOL							
		Sullivan Upp		raham813 Road, Holy copy of th	3@c2l wood e mos	ken.net) , Co Down, BT18 9EP. st recent school report	
			FOR OFFI	CE USE	ONL	<u>_Y</u>	
1	1 Date application received:						
2	Ackı	nowledgement	sent:				
3	3 Decision about application:						
4a	i)	Pupil Admitte parents inform	e d ed	4b	ii)	Pupil Not Admitted parents informed	
	ii)	date to start _					
	iii)	Year					
	iv)	Form					
	v)	House					

Please complete the following sections legibly in black ink or typescript and provide <u>all</u> the information requested.

SECTION 1: BASIC INFORMATION

a)	Surname						Male		Female	
	Forename (s)									
p)	Date of Birth (dd/mm/yyyy)			c)	Place of	f Birt	h			
)	Address (ie norma	al place of	f residence	e)						
	Street									
	Town									
	Post Code									
·)	Contact Telephon	e Numbei	rs							
	(Home)				obile - mu obile - da					
	Contact Email Add	dress _								
)	Name, address ar Name	nd phone i	number of	f <u>current</u> s	school					
	Address				Pho	ne				
	Town						Current	Year		
	Postcode						Gro			_
h)	Name(s) of school(s) <u>previously</u> attended, with dates.									
	Name(s)					Yea Fro	ar/Month m		Year/Mont To	th
	This school may w	wish to cont	act the scho	ol which the	annlicent					

SECTION 2: ADMISSIONS CRITERIA

(a)	ACADEMIC RECORD [This category will receive greater weighting.] The academic record of the applicant must indicate that he/she would be likely to be able to deal successfully with the courses of study provided by the school. Careful attention will be given to reports provided by the applicant's current school. The school will also consider any accredited assessments (including Transfer tests) provided with the application.											
		ne NI Transfer Tests (including either AQE or GL ment) taken?	YES		NO							
	If yes:	Date test taken Score/Grade	obtaine	d								
	If no:	Was any separate assessment completed?	YES		NO							
	If yes:	Please attach the results of any assessment taken.	YES		NO							
	Please taken.	attach the results of any other public examinations	YES		NO							
		attach a copy of the most recent report from the currently attended.	YES		NO							
(b)	Applicant	NAL RECORD s should <u>provide evidence</u> , such as a letter from their Principal, have a satisfactory record in terms of attendance, punctuality, r.	YES		NO							
(c)	The scho	NG LINKS ool will take into account any link with the school and, in r, whether the applicant has a brother or sister currently in ce at the school.	YES		NO							
	Sibling Sibling		_ Class Class	-								
	Sibling		Class									
		amily connection(s) state: relationship, full names and dates attended S	Sullivan]									
(d)	The scho	ADDRESS ool will normally consider for admission only those applicants whose e at the time of enrolment in the school) within the school's usual ca			resider	ace is						
	Postcoo	de										
	<u>Other Ir</u>	nformation, ie if moving to a new address, please give de	etails and	d date								

(e)	PARTICULAR TALENTS OR APTITUDES The school will give careful consideration to any special talents, aptitudes or achievements of the applicant, especially if these make it more likely that the applicant would make a significant contribution to or derive significant benefit from the school's extra-curricular programme.
(f)	SPECIAL CIRCUMSTANCES The school will take into account any special circumstances including medical, social and personal issues which are brought to its attention. Where appropriate, documentary evidence must accompany the application.
	Please indicate below any special circumstances, or set out in an accompanying letter, which could include health or medical information and whether the applicant has special needs or is in receipt of a statement of special educational needs.
SE	CTION 3: OTHER INFORMATION
a)	Please give details of any particular subject choices desired, if applicable.
b)	Please provide below the reason you are applying for a place at Sullivan Upper School.
NE	3: It is emphasised that it is the responsibility of parents/applicants to ensure that all
	information relevant to the school's criteria is provided by the closing date.
	ne of Parent:
, -	pe name)
Date	e: