

# SULLIVAN UPPER SCHOOL



## APPLICATION FOR ADMISSION TO THE SECONDARY DEPARTMENT:

# Sixth Form (Year 13)

- a) This form is to be used by the parents of pupils who wish to be considered for admission to **Year 13** and should be completed and **returned by 1.00 pm on the day of publication of the GCSE results** in the appropriate calendar year.
- b) Once the full GCSE results are known you should telephone the school to give this information to the Principal's PA.
- c) You may be asked to attend for an interview with the Principal on one of the two days immediately following the release of the GCSE results. (You may arrange this appointment in advance if you wish).
- d) Decisions about the offer of places will be made as quickly as possible by application of the published criteria and you will be informed of the outcome without delay.

**NAME** \_\_\_\_\_

**DOB** (dd/mm/yyyy) \_\_\_\_\_

**YEAR APPLIED FOR**

**Year 13**

**Year 14**

**PREVIOUS SCHOOL** \_\_\_\_\_

When completed, this form should be returned to the  
Principal's PA ([agraham813@c2ken.net](mailto:agraham813@c2ken.net))  
Sullivan Upper School, Belfast Road, Holywood, Co Down, BT18 9EP.

### **FOR OFFICE USE ONLY**

**1 Date application received:** \_\_\_\_\_

**2 Acknowledgement sent:** \_\_\_\_\_

**3 Decision about application:** \_\_\_\_\_

**4a**      **Pupil Admitted**

i)      parents informed \_\_\_\_\_

ii)     date to start \_\_\_\_\_

iii)    Year \_\_\_\_\_

iv)    Form \_\_\_\_\_

v)    House \_\_\_\_\_

**4b**

**Pupil Not Admitted**

i)      parents informed \_\_\_\_\_

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

## SECTION 1: BASIC INFORMATION

a) Surname \_\_\_\_\_ Male  Female

Forename (s) \_\_\_\_\_

b) Date of Birth \_\_\_\_\_ c) Place of Birth \_\_\_\_\_  
(dd/mm/yyyy)

d) Address (ie normal place of residence)  
Street \_\_\_\_\_  
Town \_\_\_\_\_  
Post Code \_\_\_\_\_

e) Contact Telephone Numbers  
(Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

f) Contact Email Address \_\_\_\_\_

g) Name, address and phone number of current school  
Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Town \_\_\_\_\_

Postcode \_\_\_\_\_

<b>Current Year Group</b>	_____
---------------------------	-------

h) Name(s) of school(s) previously attended, with dates.

Name(s)	Year/Month From	Year/Month To
_____	_____	_____
_____	_____	_____
_____	_____	_____

This school may wish to contact the school which the applicant currently attends or the school(s) previously attended (or both) and seek a report indicating the applicant's academic record as well as his or her personal record.

## SECTION 2: ADMISSIONS CRITERIA

### a) ACADEMIC RECORD

Please itemise the GCSE subjects being studied and give the year in which the examinations have been taken or will be taken. Include the results of any GCSEs already available.

SUBJECT	GRADE	YEAR	SUBJECT	GRADE	YEAR
1 _____	_____	_____	2 _____	_____	_____
3 _____	_____	_____	4 _____	_____	_____
5 _____	_____	_____	6 _____	_____	_____
7 _____	_____	_____	8 _____	_____	_____
9 _____	_____	_____	10 _____	_____	_____

Please enclose a copy of any other public examination results achieved. YES  NO

**If applicable**, please give results of AS examinations.

SUBJECT	GRADE	YEAR	SUBJECT	GRADE	YEAR
1 _____	_____	_____	2 _____	_____	_____
3 _____	_____	_____	4 _____	_____	_____

Please include **a copy of the most recent report** with this form from the school currently attended. YES  NO

Please specify which four subjects you wish to study at AS level in order of preference.

1 _____	2 _____
3 _____	4 _____

Outline your preferred choice of career or possible career direction after A levels.

### (b) LINKS WITH THE SCHOOL

Links with the school: - those who have attended the school in Years 8-12 - those who have or have had a brother/sister enrolled at the School.

YES  NO

Sibling \_\_\_\_\_ Class \_\_\_\_\_  
 Sibling \_\_\_\_\_ Class \_\_\_\_\_

Other family connection(s)

**[please state: relationship, full names and dates attended Sullivan]**

**(c) OTHER RELEVANT INFORMATION**

**(d) HOME ADDRESS**

The distance to the front entrance of the school of each applicant's normal place of residence as measured by the most direct route by road. The school will use the RAC Route Planner in conjunction with maps to establish the distance.

Postcode \_\_\_\_\_

Other Information, ie if moving to new address, please give details and date

**SECTION 3: OTHER INFORMATION**

**(1)** Please provide below the reason you are applying for a place at Sullivan Upper School.

**(2) PARTICULAR TALENTS OR APTITUDES**

Give brief details of any special talents, aptitudes or achievements that you wish to bring to the attention of the school.

**(3) SPECIAL CIRCUMSTANCES**

If there are any special circumstances relating to this application that you wish to bring to the attention of the school, please do so here or if you wish set out in an accompanying letter. This could include health or medical information and whether the applicant has special needs or is in receipt of a statement of special educational needs.

YES  NO

**NB:** 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. If key information is not provided eg the results of GCSE examinations taken and is not available by the specified closing date and time, this will result in the Board of Governors being unable to consider the application for the current year.

Signed: (or type name) \_\_\_\_\_ (Applicant)

Signed: (or type name) \_\_\_\_\_ (Parent)

Name of Parent: (Please print/type) \_\_\_\_\_

Date: \_\_\_\_\_