



# SULLIVAN UPPER SCHOOL

APPLICATION FOR ADMISSION TO THE SECONDARY DEPARTMENT:

## KEY STAGE 3

(Years 8, 9 or 10)

This form is to be used by the parents of pupils who wish to be considered for admission to **Years 8, 9 or 10** and should be completed and returned on or before **31 May** in the appropriate year.

NAME \_\_\_\_\_

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

YEAR APPLIED FOR    **Year 8**           **Year 9**           **Year 10**   

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.

**Please remember to include a copy of the most recent school report  
and any other additional information.**

### FOR OFFICE USE ONLY

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

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

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

4a    **Pupil Admitted**  
i)    parents informed \_\_\_\_\_

4b    **Pupil Not Admitted**  
i)    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 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 - mum) \_\_\_\_\_  
(Mobile - dad) \_\_\_\_\_

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

g) Name, address and phone number of current school  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Town \_\_\_\_\_  
Postcode \_\_\_\_\_

<b>Current Year Group</b>	_____
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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** [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.

Were the NI Transfer Tests (including either AQE or GL Assessment) taken? YES  NO

If yes: Date test taken \_\_\_\_\_ Score/Grade obtained \_\_\_\_\_

If no: Was any separate assessment completed? YES  NO

If yes: Please attach the results of any assessment taken. YES  NO

Please attach the results of any other public examinations taken. YES  NO

Please **attach a copy of the most recent report** from the school currently attended. YES  NO

- (b) PERSONAL RECORD**  
Applicants should provide evidence, such as a letter from their Principal, that they have a satisfactory record in terms of attendance, punctuality, behaviour. YES  NO

- (c) EXISTING LINKS**  
The school will take into account any link with the school and, in particular, whether the applicant has a brother or sister currently in attendance at the school. YES  NO

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

Other family connection(s)  
[please state: relationship, full names and dates attended Sullivan]

- (d) HOME ADDRESS**  
The school will normally consider for admission only those applicants whose normal place of residence is (or will be at the time of enrolment in the school) within the school's usual catchment area.

Postcode \_\_\_\_\_

Other Information, ie if moving to a new address, please give details and 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.*

YES  NO

*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.*

### **SECTION 3: OTHER INFORMATION**

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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.*

**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.**

*Name of Parent:*

*(Please print/type)*

\_\_\_\_\_

*Signature of Parent:*

*(or type name)*

\_\_\_\_\_

*Date:*

\_\_\_\_\_