



**SULLIVAN UPPER SCHOOL**  
**HOLYWOOD**

**APPLICATION FOR ADMISSION TO THE SECONDARY DEPARTMENT:**  
**KEY STAGE 3**

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 OF PUPIL \_\_\_\_\_

**FOR OFFICE USE ONLY**

YEAR 8

YEAR 9

YEAR 10

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

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   
Forenames \_\_\_\_\_

b) Date of Birth \_\_\_\_\_ c) Place of Birth \_\_\_\_\_

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

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

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

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

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

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

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

## SECTION 2: ACADEMIC RECORD

- a) Were the NI Transfer Tests (including either AQE or GL Assessment) taken? YES  NO
- b) (i) If yes: Date test taken \_\_\_\_\_  
Score/Grade obtained \_\_\_\_\_
- (ii) If no: Was any separate assessment completed? YES  NO

**Please include with this form the results of any assessment taken.**

- c) **Please include with this form the results of any other public examinations taken and a copy of the most recent report from the school currently attended.**

## SECTION 3: OTHER INFORMATION

- a) Please give details of any particular subject choices desired.  
\_\_\_\_\_  
\_\_\_\_\_
- b) Please name any brothers or sisters the applicant has who are currently enrolled in this school and to which year group they belong.  
\_\_\_\_\_  
\_\_\_\_\_
- c) Give brief details of any special talents, aptitudes or achievements of the applicant that you wish to bring to the attention of the school.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d) 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.

---

---

---

---

- e) This school will 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.

- f) Any additional information you wish to provide.

---

---

---

**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) \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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

# SULLIVAN UPPER SCHOOL

## Key Stage 3 - Years 8, 9 or 10



When completed this form should be returned, along with this enclosure, to the Headmaster's PA, 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

NAME \_\_\_\_\_

DOB \_\_\_\_\_

YEAR APPLIED FOR \_\_\_\_\_

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

1 Acknowledgement sent: \_\_\_\_\_

2 Admissions criteria 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  
ii) parents informed \_\_\_\_\_