



SULLIVAN UPPER SCHOOL
HOLYWOOD

APPLICATION FOR ADMISSION TO THE SECONDARY DEPARTMENT:
KEY STAGE 4

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 OF PUPIL _____

FOR OFFICE USE ONLY

YEAR 11

YEAR 12

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</u> Year 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 4 - Year 11



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 _____