



SULLIVAN UPPER SCHOOL
HOLYWOOD

APPLICATION FOR ADMISSION TO THE SECONDARY DEPARTMENT:
SIXTH FORM

This form to be completed and returned by 1.00 pm on the day of publication of the GCSE results in the appropriate calendar year.

NAME OF PUPIL _____

FOR OFFICE USE ONLY

Date application received: _____

Date application acknowledged: _____

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) 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- b) Please enclose a copy of any other public examination results achieved.
- c) **Please include with this form a copy of the most recent report from the school currently attended.**

SECTION 3: OTHER INFORMATION

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

1. _____ 2. _____
3. _____ 4. _____

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

c) Please name any brothers or sisters who are currently enrolled in the school and to which year group they belong.

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

e) 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. Such information could include health or medical status and whether the applicant has special educational needs.

f) 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.

g) Please use this section to give 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. 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: 1. _____ (Applicant)

2. _____ (Parent)

Name of Parent (Please Print) _____

Date: _____

SULLIVAN UPPER SCHOOL

Sixth Form



PROCEDURE TO BE FOLLOWED

- a) This form should be completed and returned, to the Headmaster's PA, Sullivan Upper School, Belfast Road, Holywood, Co Down, BT18 9EP as soon as possible. Application forms for the start of the school year should be **returned by 1.00 pm on the day of publication of the GCSE results.**
- b) An information evening may be held for sixth form applicants in May which is advertised in the local press.
- c) Once your full GCSE results are known you should telephone the school to give this information to the Headmaster's PA.
- d) You may be asked to attend for an interview with the Headmaster on one of the two days immediately following the release of the GCSE results. (You may arrange this appointment in advance if you wish).
- e) 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.

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 _____

4b) **Pupil Not Admitted**
ii) parents informed _____

ii) date to start _____

iii) Year _____

iv) Form _____

v) House _____