



**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 calendar year.

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**FOR OFFICE USE ONLY**

NAME: \_\_\_\_\_

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 ONE: BASIC INFORMATION**

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

Forenames \_\_\_\_\_

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

d) Address i.e. normal place of residence

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

e) Contact Telephone Numbers \_\_\_\_\_

f) Name, address and phone number of current school

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Names	Year/Month from	Year/Month to
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SECTION TWO: ACADEMIC RECORD

a) Were the N.I. Transfer Tests taken? YES  NO

b) (i) If yes : Date test taken \_\_\_\_\_

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 THREE: OTHER INFORMATION

a) Please give details of any particular subject choices desired.

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

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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.

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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.

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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.

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**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.**

Signature of parent: \_\_\_\_\_

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

This form when completed should be returned, along with this enclosure, to the Principal's P.A., Sullivan Upper School, Holywood, Co Down, BT18 9EP.

**Please remember to include a copy of the most recent school report and any other additional information together with the completed South Eastern Education and Library Board form AP1 entitled "Application for Transfer Between Schools".**

**For Office Use**

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

2. Admissions criteria sent: \_\_\_\_\_

3. Decision about application: \_\_\_\_\_

4. a) **Pupil Admitted**

4. b) **Pupil Refused**

i) Parents informed \_\_\_\_\_

ii) Parents informed \_\_\_\_\_

ii) Date to start \_\_\_\_\_

iii) Year \_\_\_\_\_

iv) Form \_\_\_\_\_

v) House \_\_\_\_\_

5. Form AP1 completed and returned to SEELB \_\_\_\_\_