

SULLIVAN UPPER SCHOOL



APPLICATION FOR ADMISSION TO THE SECONDARY DEPARTMENT:

Sixth Form (Year 13)

- a) This form is to be used by the parents of pupils who wish to be considered for admission to **Year 13** and should be completed and **returned by 1.00 pm on the day of publication of the GCSE results** in the appropriate calendar year.
- b) Once the full GCSE results are known you should telephone the school to give this information to the Principal's PA.
- c) You may be asked to attend for an interview with the Principal on one of the two days immediately following the release of the GCSE results. (You may arrange this appointment in advance if you wish).
- d) 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.

NAME OF PUPIL _____

DOB (dd/mm/yyyy) _____

YEAR APPLIED FOR

Year 13

☐

Year 14

☐

PREVIOUS SCHOOL _____

When completed, this form should be returned to the
Principal's PA (agraham813@c2ken.net)
Sullivan Upper School, Belfast Road, Holywood, Co Down, BT18 9EP.

FOR OFFICE USE ONLY

1 Date application received: _____

2 Acknowledgement 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

i) parents informed _____

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 _____

| | |
|-------------------------------|-------|
| Current Year Group | _____ |
|-------------------------------|-------|

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

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 |
|---------|-------|-------|----------|-------|-------|
| 1 _____ | _____ | _____ | 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ | 4 _____ | _____ | _____ |
| 5 _____ | _____ | _____ | 6 _____ | _____ | _____ |
| 7 _____ | _____ | _____ | 8 _____ | _____ | _____ |
| 9 _____ | _____ | _____ | 10 _____ | _____ | _____ |

Please enclose a copy of any other public examination results achieved. YES ☐ NO ☐

If applicable, please give results of AS examinations.

| SUBJECT | GRADE | YEAR | SUBJECT | GRADE | YEAR |
|---------|-------|-------|---------|-------|-------|
| 1 _____ | _____ | _____ | 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ | 4 _____ | _____ | _____ |

Please include **a copy of the most recent report** with this form from the school currently attended. YES ☐ NO ☐

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

| | |
|---------|---------|
| 1 _____ | 2 _____ |
| 3 _____ | 4 _____ |

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

(b) LINKS WITH THE SCHOOL

Links with the school: - those who have attended the school in Years 8-12 - those who have or have had a brother/sister enrolled at the School.

YES ☐ NO ☐

| | |
|---------------|-------------|
| Sibling _____ | Class _____ |
| Sibling _____ | Class _____ |

Other family connection(s)

[please state: relationship, full names and dates attended Sullivan]

(c) OTHER RELEVANT INFORMATION

(d) HOME ADDRESS

The distance to the front entrance of the school of each applicant's normal place of residence as measured by the most direct route by road. The school will use the RAC Route Planner in conjunction with maps to establish the distance.

Postcode _____

Other Information, ie if moving to new address, please give details and date

SECTION 3: OTHER INFORMATION

(1) Please provide below the reason you are applying for a place at Sullivan Upper School.

(2) PARTICULAR TALENTS OR APTITUDES

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

(3) SPECIAL CIRCUMSTANCES

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.

YES ☐ NO ☐

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: (or type name)

(Applicant)

Signed: (or type name)

(Parent)

Name of Parent: (Please print/type)

Date: