

Our Lady and St Patrick's College, Knock



APPLICATION FOR ADMISSION TO YEARS 9 - 12

Please complete the following sections legibly in black ink or typescript and provide all the information requested. The form should be returned to the Principal's Secretary, Our Lady and St Patrick's College, Knock, 120 Gilnahirk Road, Belfast BT5 7DL by **2.00 pm on Friday 28 April 2017**.

NAME OF PUPIL: _____

FOR OFFICE USE ONLY

Year 9

Year 10

Year 11

Year 12

Date application received: _____

Date application acknowledged: _____

Date of Assessment: _____

Outcome of Assessment: _____

a) Pupil Admitted
i) Parents informed: _____

b) Pupil Not Admitted
ii) Parents informed: _____

iii) Date to start: _____

iv) Year: _____

v) Tutor Group: _____

SECTION ONE : PERSONAL 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: _____

_____ Postcode: _____

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

Name(s)	Year/Month From	Year/Month To
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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h) Current Year Group:

i) Modern Languages Studied to date:

SECTION TWO : ACADEMIC RECORD

a) Were the NI Transfer Tests i.e. GL Assessment or AQE taken? Yes / No

b) (i) If Yes: Date test taken: GLA _____ AQE _____

Standardised Age Score and Grade obtained: GLA _____ AQE _____

(ii) If No: Was any separate assessment completed? Yes/No

Score/Grade obtained: _____

c) Please include with this form:

(i) The results of any assessment(s) taken to date

(ii) A copy of the two most recent academic reports from the schools attended

(iii) A letter of recommendation from your son/daughter's current school commenting on behaviour, application, academic potential and attendance rates

SECTION THREE : OTHER INFORMATION

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

b) Please name any siblings or past pupils of the College who enrolled in the College with dates of attendance.

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

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. Such information could include health or medical status and whether the applicant has special educational needs. You may attach additional evidence to this form.

e) Is the applicant in receipt of Free School Meals: YES / NO

f) Please read the Admissions Criteria for Admission to Years 9 to 12 carefully and use this section to give any additional information:

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: _____