



# Glenlola Collegiate School



## Application Form for Admission to Years 9 - 12

Please complete and return to the Headmaster's PA, Glenlola Collegiate School, 2 Valentine Road, Bangor, Co Down, BT20 4TH before 1 June, in the appropriate year.

### Pupil Personal Information:

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Other Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Sister(s) already attending Glenlola Collegiate:

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Sister(s) former pupils:

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Year of leaving: \_\_\_\_\_

### Parental Contact Information:

Name of Parent(s) \_\_\_\_\_

Contact telephone nos: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

### School Record:

Name of current school: \_\_\_\_\_ Current Year Group: \_\_\_\_\_

Telephone no: \_\_\_\_\_

**School Record (cont'd):**

Name of School(s) previously attended:	From (month/year):	To (month/year):
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Academic Record:**

a) Were the NI Transfer Tests (including either AQE or GL) taken? YES  NO

b) If yes: Date test taken: \_\_\_\_\_  
Score/Grade obtained: \_\_\_\_\_

If no: Was any separate assessment completed? YES  NO

**Please include with this form the result of any assessment taken.**

c) Please record the results of any standardised tests.  
Nature of test \_\_\_\_\_ Score/grade \_\_\_\_\_ Date taken \_\_\_\_\_

**d) Please include with this form the results of any other public examinations taken and a copy of school reports over the past two years from the School currently attended.**

**Other information:**

a) 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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\_\_\_\_\_

\_\_\_\_\_

b) 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 need.

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\_\_\_\_\_

c) 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.**

Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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