## Application Form Admission to Years 9-12



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

PUPIL PERSONAL INFORMATION				
Curnama	Forename:			
Surname:	rorename			
Other Names:	Preferred Name:			
Date of Birth:				
Address:				
Town/ City:	Postcode:			
Sister(s) already attending Glenlola Collegiate:				
Name:	Year:			
Sister(s) former pupils:				
	Year of leaving:			
PARENTAL CONTACT INFORMATION				
Name of Parent(s)				
Contact Number: Home:				
Mobile:				
Email Address:				
SCHOOL RECORD				
Name of <u>current</u> school:				
Telephone no:				

SCI	HOOL RECO	JRD (continued)		
Na	ame of Scho	ool(s) previously attended:	From (month/year):	To (month/year):
<u>Λ</u>	ADEMIC RE	CORD		
a)		ne NI Transfer Tests (including eith	her AQE or GL) taken?	yes NO
b)	If yes:	Date test taken:		
		Score/Grade obtained:		
c) <u>th</u>		nclude with this form the results or ent report from the school curren	-	tions taken and a copy of
ОТ	HER INFOR	MATION		
a)		details of any special talents, aption the attention of the School.	tudes or achievements of th	ne applicant that you wish
b)	attention of could include	e any special circumstances relati of the School please do so here o ude health or medical information a statement of special educationa	or if you wish, set out in an a n and whether the applicant	accompanying letter. This

c) Any additional information you wish to provide:				
<u></u>				
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:				

All information collected is confidential and held securely in accordance with General Data Protection Regulation. The School has a duty to protect this information.

The School's Privacy Notice is detailed on the website www.glenlolacollegiate.net