Victoria College Belfast

Cranmore Park Belfast Northern Ireland BT9 6JA

Tel: 028 9066 1506 Email: nmawhinney170@victoriacollegebelfast.ni.sch.uk

Application Form for Grammar School

Please Use BLOCK CAPITALS

Surname of Pupil:

Forenames:
Underline name used

Date of Birth:

Please enclose birth certificate which will be promptly returned

Home Address:

Postcode: Phone:

Parent Guardian Email Address:
Please Tick

Father's Name:

Occupation: Daytime Phone:

Address:
If different from Home

Mother's Name:

Occupation: Daytime Phone:

Address:
If different from Home

Guardian's Name:

Occupation: Daytime Phone:

Address:
If different from Home

Please give two phone numbers for use in an emergency:

Fee Account to be paid by: Father Mother Guardian
Please Tick

Present School: Present Class:

If Pupils have taken the Transfer Procedure Test please state the grade awarded:

Please indicate any connection with the school:

If your daughter is at the Transfer stage have you placed VICTORIA COLLEGE as your first preference on the Official Transfer Sheet:
Please Tick Yes No Not yet, but I intend to do so

Requested date of admission

Type of admission required: Day Girl Boarder
Please Tick

Signature of Parent or Guardian ..... Date: .....
Please Tick

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