

APPLICATION FORM FOR GRAMMAR SCHOOL

2024/2025

PLEASE FILL OUT IN BLOCK CAPITALS

SECTION 1 - PUPIL DETAILS

Surname of Pupil: _____

Forenames (underline used): _____

Date of Birth: _____

Home Address: _____

Postcode: _____

Phone: _____

Email: _____

Present School: _____

Present Class: _____

If the Pupil has taken the SEAG entrance assessment please state the outcome: _____

Please indicate any connection with the school: _____

Please indicate whether your daughter is the eldest girl in the family

Yes No

Please indicate whether your daughter has any special educational needs which may require additional support*

Yes No

**If your daughter is admitted to the College, you will be asked to provide more detailed information prior to admission.*

SECTION 2 - PARENT / GUARDIAN DETAILS

Parent Guardian

Parent 1

Title: (e.g. Mr, Mrs, Ms, Miss, Dr): _____

Full Name: _____

Relation to Pupil: _____

Occupation: _____

Daytime Phone: _____

Email: _____

Address: _____

Parent 2

Title (e.g. Mr, Mrs, Ms, Miss, Dr): _____

Full Name: _____

Relation to Pupil: _____

Occupation: _____

Daytime Phone: _____

Email: _____

Address: _____

Guardian

Title (e.g. Mr, Mrs, Ms, Miss, Dr): _____

Full Name: _____

Relation to Pupil: _____

Occupation: _____

Daytime Phone: _____

Email: _____

Address: _____

Section 3 - Admission Details

If your daughter is at the transfer stage have you placed Victoria College as your first preference on the official transfer sheet:

Yes No I intend to do so

Requested date of admission: _____

Fee account to be paid by: Parent 1 Parent 2
Guardian

Signature: _____

Date: _____

DD | MM | YY



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