

**ASHFIELD GIRLS' HIGH SCHOOL**

Holywood Road

BELFAST

BT4 2LY

Tel (028) 90471744 ● Fax (028) 90672416 ● E-mail info@ashgirls.belfast.sch.ni.uk

# Application Form for Year 13

Applications will be considered during the year on a first come, first served basis and, if required, on the criteria for admissions for Years 13

Name of pupil: \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

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

Postcode: \_\_\_\_\_ Tel No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present School: \_\_\_\_\_

Reason for leaving/wishing to leave: \_\_\_\_\_

Current Year Group: \_\_\_\_\_

With effect from: As soon as possible   
(Please tick box) Start of next term   
Start of next school year

| Sisters already attending Ashfield Girls' High School: |      | Relations who have previously attended Ashfield Girls' or Boys' High School: |              |
|--|------|--|--------------|
| Name   | Form | Name   | Relationship |
|  |      |  |              |
|  |      |  |              |

Did you visit Ashfield's Open Day? Please indicate

I hereby make application for a place for my child in Ashfield Girls' High School and certify that:

- (a) The details which I have given are correct:
- (b) The address which I have given is the child's home address.

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

Please forward recent copies of the pupil's recent reports from her present school with this application.

Please remember that information on the school can be accessed on our Internet Site at [www.ashfieldgirls.org](http://www.ashfieldgirls.org)

For Office Use

Application No:

Date of Receipt: \_\_\_\_\_