



ASHFIELD GIRLS' HIGH SCHOOL

Holywood Road
BELFAST
BT4 2LY

Tel: (028) 90471744

Email: info@ashgirls.belfast.ni.sch.uk

Application Form – Year 13

Applications will be considered on the admissions criteria set by the Board of Governors.

Name of Pupil: _____ Date of Birth: _____

Name of Parent/Carer: _____

Address: _____

Postcode: _____ Telephone No.: _____

Email Address: _____

Present School: _____

Current Year Group: _____ Year Group applying for: _____

Reason for leaving/wishing to leave Present School: _____

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? Yes No

Do you require any further information about Ashfield? Subject Options

Prospectus

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: _____ Date: _____

Parent/Carer

Please forward copies of the pupil's recent report from her present school with this application. Failure to attach a copy of the school report will mean the application cannot be considered.

Please remember that information on the school can be accessed on our Internet Site at www.ashfieldgirls.org