THIS PAGE IS FOR OFFICE USE ONLY

Date Received	
Date of Acknowledgement Letter	

NOTES

Please return completed pupil information form to:

Ulidia Integrated College 112 Victoria Road CarrickfergusBT38 7JL Tel: 028 9335 8500 Email: info@ulidiacollege.com

Email: info@ulidiacollege.com Web: www.ulidiacollege.com

Principal: M. Houston B.Ed PQHNI





PUPIL INFORMATION FORM

Name of Pupil:

Year of Entry:

SEPTEMBER



PLEASE COMPLETE USING BLACK INK AND BLOCK CAPITALS

SECTION 1: PUPIL'S DETAILS

Last Name:		
First Names:		
Gender:	Male	Female
Date of Birth:		
Name(s) of Parent(s) or Carer:		
Address:		
Postcode:		
Telephone:		
Mobile:		
E-Mail Address:		
SECTION 2: PRIM	iaky i	EDUCATION
Name of Primary School:		
Address (if known):		
Dates of Attendance:		
SECTION 3: SIBLI	NGS	
Please provide details, including dates, o	of any siblings	s who attend or have attended Ulidia Integrated College.
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Telephone: Mobile: E-Mail Address: SECTION 2: PRIM Name of Primary School: Address (if known): Dates of Attendance: SECTION 3: SIBLI	NGS	

SECTION 4: RELIGIOUS DENOMINATION

The college selects pupils from three categories as defined below. If you decide to name Ulidia Integrated College on the Transfer Form, which of these categories best describes the religious denomination of your child. (please tick only ONE box) **Category 1: Catholic Tradition** (which includes Roman, Orthodox and all forms of Catholicism) Category 2: Protestant Tradition (which includes all other Christian non-Catholic faiths) Category 3: Other faiths and none The college will provide a core Religious Education syllabus, agreed by all of the main churches in the province. SECTION 5: SPECIAL EDUCATIONAL NEEDS/HEALTH Please specify any additional special educational needs (if known) or relevant health issues which may affect your child's learning. Has your child been assessed by a medical professional as having a disability? YES No SECTION 6: PATHWAY PREFERENCE Grammar Pathway Supporting evidence for Grammar Pathway provided All Ability Pathway **SECTION 7: CONFIRMATION** I confirm that to the best of my knowledge the above information is true and correct. Signature Parent/Carer:

Date: