

Year 8 Pupil Information Form

PLEASE COMPLETE USING BLACK INK AND BLOCK CAPITALS

ULIDIA
INTEGRATED COLLEGE

1 PUPIL'S DETAILS

Last Name	
First Name	
Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Date of Birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Name(s) of Parents(s) or Carer	
Address	
Postcode	
Telephone	
Mobile	
E-Mail Address	

2 PRIMARY EDUCATION

Name of Primary School	
Address	
Dates of Attendance	

3 SIBLINGS

Please provide details, including dates, of any siblings who attend or have attended Ulidia Integrated College

OFFICE USE ONLY

Date Received

<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
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Date of Acknowledgement Letter

<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
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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 ONE box)

Category 1: **Catholic Tradition**
(which includes Roman, Orthodox and all forms of Catholicism)

Category 2: **Protestant Tradition**
(which includes all other 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

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.

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Has your child been assessed by a medical professional as having a disability? Yes No

6 PATHWAY PREFERENCE (please tick ONE pathway)

Grammar Pathway

Please tick to indicate that you have attached supporting evidence for Grammar Pathway

All Ability Pathway

7 CONFIRMATION

I confirm that to the best of my knowledge the above information is correct and true

Signature Parent/Carer

Date

Please return completed pupil information form to:

Ulidia Integrated College
112 Victoria Road, Carrickfergus, Co. Antrim, BT38 7JL

Tel: **028 9335 8500**
Email: **info@ulidiacollege.com**
www.ulidiacollege.com

Principal: M. Houston B.Ed PQHNI