



CARRICKFERGUS GRAMMAR SCHOOL

PUPIL APPLICATION FOR AS LEVEL COURSES

Please bring this completed form to School Reception on results day with a copy of your GCSE results and Subject Choice form.

Child's Name: _____

Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Contact Details: _____

Telephone: _____

Mobile: _____

Email: _____

Current School: _____

Address: _____

Telephone: _____

Current Year Group: _____

Request to start school on: _____

Please give details of any special educational needs or access requirements:

Does your child have English as an additional language: Yes No

Copy of child's birth certificate enclosed: Yes No

Copy of child's most recent school report enclosed: Yes No

Copy of GCSE results enclosed: Yes No