Victoria College Preparatory Department

Cranmore Park Belfast Northern Ireland BT9 6JA
Tel: 028 9066 1506 Email: nmawhinney170@victoriacollegebelfast.ni.sch.uk

Application Form for Play Group

Please Use BLOCK CAPITALS

Surname of Pupil:

Forenames:
Underline name used

Date of Birth: | | | | | | | | | | Please enclose birth certificate which will be promptly returned

Home Address:

Postcode: Phone:

Parent ☐ Guardian ☐ Email Address:
Please Tick

Father's Name:

Occupation: Daytime Phone:

Address:
If different from Home

Mother's Name:

Occupation: Daytime Phone:

Address:
If different from Home

Guardian's Name:

Occupation: Daytime Phone:

Address:
If different from Home

Please give two phone numbers for use in an emergency:

Fee Account to be paid by: Father ☐ Mother ☐ Guardian ☐
Please Tick

Present School: Present Class:

Please indicate any connection with the school:

Is the applicant the first born girl in the family: Yes ☐ No ☐
Please Tick

Requested date of admission | | | | | | | | |

Signature of Parent ☐ or Guardian ☐ ..... Date: .....
Please Tick

For School use only

Acknowledged:

Registered in Northern Ireland No. N.I. 17 as a company limited by gurantee.