



APPLICATION FORM FOR PRE-SCHOOL

Please fill out in BLOCK CAPITALS

Section 1 – Pupil Details

Surname of Pupil: _____

Forenames (underline used): _____

Date of Birth: _____

Home Address: _____

Postcode: _____

Phone: _____

Present School: _____

Present Class: _____

Please indicate any connection with the school:

Please indicate whether your daughter has any special educational needs which may require additional support*

Yes No



**Victoria
College
Preparatory
School**

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Fax 028 9066 6898

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📍 www.victoriacollege.org.uk



**If your daughter is admitted to the College, you will be asked to provide more detailed information prior to admission*



Section 2 – Parent / Guardian Details

Parent Guardian

Parent 1

Name and Title (Mr, Mrs, Ms, Miss, Dr): _____

Relation to Pupil: _____

Occupation: _____

Daytime Phone: _____

Address: _____

Parent 2

Name and Title (Mr, Mrs, Ms, Miss, Dr): _____

Relation to Pupil: _____

Occupation: _____

Daytime Phone: _____

Address: _____

Guardian's Name

Name and Title (Mr, Mrs, Ms, Miss, Dr): _____

Relation to Pupil: _____

Occupation: _____

Daytime Phone: _____

Address: _____

Section 3 – Admission Details

Requested date of admission: _____

Type of Admission required: Day Boarder

Fee Account to be paid by: Parent 1 Parent 2 Guardian

Signature of Parent / Guardian: _____ Date: _____
