

# SHIMNA INTEGRATED COLLEGE ADMISSIONS INFORMATION

Year of Entry \_\_\_\_\_

## BLOCK CAPITALS THROUGHOUT

### Student Information:

\* delete as appropriate

Surname:	
Forename:	
Sex: M/F	Date of Birth: / /
Address:	
Town:	
Postcode:	
Telephone:	<input type="checkbox"/> ex-directory
Religious/Cultural Background	
Position In Family	

### Primary School Record:

Previous School(s):	From	To

### Contact Information:

Mother/Guardian:*	
Full Name:	
Normal Address: (if different from pupil's)	
Town:	
Postcode:	
Work Telephone Number:	Extension: _____
Email address:	
Religious/ Cultural Background	
Father/Guardian:*	
Full Name:	
Normal Address: (if different from pupil's)	
Town:	
Postcode:	
Work Telephone Number:	Extension: _____
Email address:	
Religious/Cultural Background	

**Brothers/Sisters**

Name	Age	Primary/Second level School Attended	<u>From</u>	<u>To</u>

**College Employees**

Name of parent/guardian who is a college employee	

**Signature** \_\_\_\_\_ **Parent/Guardian**

**Date** \_\_\_\_\_

Please send completed forms to:

The College Office  
Shimna Integrated College  
The Lawnfield  
King Street  
Newcastle  
BT33 0HD

Telephone: 028 43726107  
Fax: 028 43726109