



**BELFAST ROYAL ACADEMY**

**Ben Madigan Preparatory Department  
690 Antrim Road  
BT15 5GP**

**APPLICATION FOR ADMISSION**

**Surname** .....  
(in block letters)

**Other Names** .....

**Date of Birth** .....

**Proposed Date of Entry** .....

**Present School and Class (if any)** .....

**If the above applicant is accepted as a pupil of Ben Madigan Preparatory Department, I undertake on his/her behalf to observe all School rules and regulations.**

**It is my intention to apply for his/her admission to the Grammar School on leaving Ben Madigan.**

**Parent/Legal Guardian:**

**Full Name (including Christian name)** .....  
(in block letters) (Mr/Mrs/Ms/Miss)

**Signature** .....

**Address** .....

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**Post Code** ..... **Telephone No. Home:** .....  
(including STD)

**Business:** .....

**Mobile:** .....

**E-mail:** .....

**Brothers or Sisters in attendance at Ben Madigan/Grammar School (if any)**

..... **Class/Form** .....

..... **Class/Form** .....

**Other family connections:** .....

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