



BELFAST ROYAL ACADEMY
Ben Madigan Preparatory Department
690 Antrim Road
Belfast BT15 5GP

APPLICATION FOR ADMISSION TO PRE-PREP

Surname
{in block letters}

Other Names

Date of Birth

Proposed Date of Entry

If the above applicant is accepted as a pupil of Ben Madigan Pre-Prep, 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 Prep School on leaving Ben Madigan.

Parent/Legal Guardian:

Full Name {including Christian name}
{in block letters} {Mr/Mrs/Ms/Miss}

Signature

Occupation

Address

.....

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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