

Enniskillen Royal Grammar School Application Form for entry into Years 9 – 12

*Name:	Date of Birth
*as recorded on birth certificate.	
Address:	
	Postcode:
Telephone no. :	Mobile No:
School currently attending:	
Postcode:	Tel no:
Reason for leaving/wishing to leave:	
Seeking Admission to: please indicate which year group	
With effect from: (Please underline)	
As soon as possible, Start of new T	erm, Start of new school year.
I hereby make application for a place for my child in ERGS and certify that:	
(i) The details I have given are correct	
(ii) All relevant documentation to my application is included.	
Signed:	(Parent/Guardian)
Please print Name:	Date: