



SHIMNA INTEGRATED COLLEGE ADMISSIONS INFORMATION

Year of Entry:
Year 8 September 2024

Student Information

* delete as appropriate

Surname:	
Forename:	
Gender:	Date of Birth: / /
Address:	
Town:	
Postcode:	
Telephone:	
Religious/Cultural Background	
Position In Family	

Primary School Record

School(s)	From	To

Contact Information

Mother/Carer* Full Name	
Address (if different from student)	
Town & Postcode	
Mobile number Work Telephone Number	
Email address	
Religious/Cultural Background	
Father/Other Carer* Full Name	
Address (if different from student)	
Town & Postcode	
Mobile number Work Telephone Number	
Email address	
Religious/Cultural Background	

Please complete all sections on both pages of this form

Siblings

Name	Age	Primary/Post Primary School Attended	From	To

Signature _____ Parent/Carer

Date _____