

St. Patrick's Grammar School, Downpatrick - Form S2b



This document must be verified and signed by one of the following who has no familial relationship with the applicant:

- a primary school Principal
- an elected public representative
- a medical practitioner
- a lawyer
- a member of the clergy

Failure to have this certificate duly completed, signed and attached to the Transfer Application will result in the child not being considered under Criteria C of the published Admission Criteria.

Child's Details			
Full name		Permanent Address / Place of Residence	
Date of Birth			

Verification (Please tick/complete as appropriate)	
I confirm that this applicant:	Tick
Is the eldest or only child of the family.	

Verification Signatory:			
I confirm that I have known this child and family for at least two years. I certify to the best of my knowledge and believe that the information provided above is correct.			
Name		Occupation	
Contact Number		Professional Address / Official Stamp	
Signature		Date	

The Admissions Panel of the Board of Governors may contact you to confirm this verification.