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| C:\Users\jmccolgan320\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.MSO\98666312.tmp**Application for Glentoran FC****Youth Football Academy****in partnership with****Robbie Fowler Education & Football Academy** |
| SURNAME: |
| FORENAME(S): | DATE OF BIRTH: |
| ADDRESS: | POSTCODE: |
| HOME TELEPHONE NO: |
| MOBILE TELEPHONE NO: |
| EMAIL ADDRESS: |
| CURRENT SCHOOL: |
| Current Football Club: | Position(s) Played:  |
| NAME OF PRIMARY PARENT(S)/CARER(S) Mr / Mrs / Miss / Ms | NAME OF SECONDARY PARENT(S)/CARER(S)Mr / Mrs / Miss / Ms |
| RELATIONSHIP TO THE APPLICANT: | RELATIONSHIP TO THE APPLICANT: |

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| **ACADEMIC INFORMATION**  |
| **EXAMINATIONS TO BE TAKEN JUNE 2016** |
| EXAMGCSE, BTEC, Occupationnel Studies / OTHER etc. | SUBJECT | EXAM BOARD (If known) | ESTIMATED or CONFIRMED GRADE |
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**Signature of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**Return your completed application to:** **jmccolgan320@c2kni.net**