

ON THE ABOVE NAMED PUPIL BEING ADMITTED TO CAMPBELL COLLEGE, WE AGREE THAT HE SHALL BE SUBJECT TO ALL THE RULES AND REGULATIONS OF THE SCHOOL FOR THE TIME BEING AS SANCTIONED BY THE SCHOOL AUTHORITIES AND THAT WE WILL, IN ALL MATTERS RELATING TO THE SAID PUPIL'S CONNECTION WITH THE SCHOOL, BE SUBJECT TO THE SAID RULES AND REGULATIONS.

WE AGREE TO ACCEPT RESPONSIBILITY FOR THE PAYMENT OF ALL FEES AND EXTRAS INCURRED DUE TO THE COLLEGE IN RESPECT OF THE EDUCATION OF THE ABOVE NAMED PUPIL.

WE FURTHER AGREE TO GIVE A TERM'S NOTICE IN WRITING BEFORE THE WITHDRAWAL OF THE ABOVE NAMED PUPIL FROM THE SCHOOL, OR TO PAY ONE TERM'S FEES IN LIEU OF SUCH NOTICE.

SIGNED: -----
FATHER (OR MALE GUARDIAN WITH PARENTAL RESPONSIBILITY)

DATE: -----

SIGNED: -----
MOTHER (OR FEMALE GUARDIAN WITH PARENTAL RESPONSIBILITY)

DATE: -----

PLEASE RETURN COMPLETED THE APPLICATION FORM ALONG WITH PHOTOCOPIES OF ANY SUPPORTING MATERIAL TO:

THE HEADMASTER'S SECRETARY
CAMPBELL COLLEGE
BELMONT ROAD
BELFAST
BT4 2ND

Tel: +44 (0) 28 9076 3076 Email: hmoffice@campbellcollege.co.uk Web: www.campbellcollege.co.uk

CAMPBELL COLLEGE, BELFAST



APPLICATION FORM

ACADEMIC YEAR OF ENTRY: _____

