

Campbell College Junior School



APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK CAPITALS AND RETURN TO THE SCHOOL OFFICE

NAME OF CHILD IN FULL [GIVEN FORENAME UNDERLINED]:

DATE OF BIRTH [DD/MM/YY]:

NAME OF FULL POSTAL ADDRESS OF FATHER (OR MALE GUARDIAN):

TELEPHONE NUMBER HOME:

TELEPHONE NUMBER BUSINESS:

MOBILE TELEPHONE NUMBER:

E-MAIL ADDRESS:

OCCUPATION OR PROFESSION OF FATHER (OR MALE GUARDIAN):

NAME OF FULL POSTAL ADDRESS OF MOTHER (OR FEMALE GUARDIAN):

TELEPHONE NUMBER HOME:

TELEPHONE NUMBER BUSINESS:

MOBILE TELEPHONE NUMBER:

E-MAIL ADDRESS:

OCCUPATION OR PROFESSION OF MOTHER (OR FEMALE GUARDIAN):

CHILD'S AGE AT ENTRY (E.G. 4 YEARS):

DATE OF WHICH ADMISSION IS DESIRED:

PREVIOUS SCHOOLS [PLEASE GIVE DATES ATTENDED AND THE NAME OF PRESENT HEAD]:

PLEASE GIVE DETAILS OF ANY FAMILY CONNECTION WITH CAMPBELL COLLEGE:

IS IT YOUR INTENTION THAT YOUR SON WILL PROCEED TO CAMPBELL COLLEGE:

YES NO

IF NOT, PLEASE STATE CHOICE OF ALTERNATIVE SCHOOL:

SPECIFIC NEEDS [PLEASE PROVIDE DETAILS OF ANY SPECIAL REQUIREMENTS INCLUDING EDUCATIONAL, DIETARY, MEDICAL OR OTHER, ETC.]

HOW DID YOU FIND OUT ABOUT CAMPBELL COLLEGE JUNIOR SCHOOL:

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

FURTHERMORE, WE AGREE TO ACCEPT RESPONSIBILITY FOR ALL FEES AND OCCASIONAL EXTRA COSTS TO THE SCHOOL IN RESPECT OF THE EDUCATION OF THE AFOREMENTIONED STUDENT BY THE SCHOOL.

SIGNED [FATHER OR MALE GUARDIAN]: _____

SIGNED [MOTHER OR FEMALE GUARDIAN]: _____

DATE: _____

Campbell College Junior School

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