

# 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]:

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DATE OF BIRTH [DD/MM/YY]:

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NAME AND FULL POSTAL ADDRESS OF FATHER [OR MALE GUARDIAN]:

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TELEPHONE NUMBER HOME:

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TELEPHONE NUMBER BUSINESS:

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MOBILE TELEPHONE NUMBER:

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E-MAIL ADDRESS:

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OCCUPATION OR PROFESSION OF FATHER [OR MALE GUARDIAN]:

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NAME AND FULL POSTAL ADDRESS OF MOTHER [OR FEMALE GUARDIAN]:

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TELEPHONE NUMBER HOME:

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TELEPHONE NUMBER BUSINESS:

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MOBILE TELEPHONE NUMBER:

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E-MAIL ADDRESS:

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OCCUPATION OR PROFESSION OF MOTHER [OR FE MALE GUARDIAN]:

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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 THE PRESENT HEAD]:

DO YOU WISH YOUR SON TO JOIN ANY PARTICULAR HOUSE:

YES  NO

HOUSE CONNECTION:

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 ACCESS, 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 BEING 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

CAMPBELL COLLEGE  
BELMONT ROAD  
BELFAST  
BT4 2ND

Tel: +44(0) 28 9076 3076

Fax: +44(0) 28 90 76 4109

Email: [info@campbellcollegejs.belfast.ni.sch.uk](mailto:info@campbellcollegejs.belfast.ni.sch.uk)

Web: [www.campbellcollege.co.uk](http://www.campbellcollege.co.uk)