



CAMPBELL COLLEGE

Est 1894

BELFAST

Kindergarten Application Form

Name of Child	
Date of Birth (DD/MM/YY)	
Date at which admission is requested	



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Please complete each section in black, and ensure that the information you provide is comprehensive and accurate.

Child's Details

1. Surname _____

Forename (*please underline chosen forename*) _____

2. Date of Birth (DD/MM/YY) _____

Ethnicity _____

(*White/ Chinese/ Hong Kong/ Mixed Ethnic Group/ Pakistani/ Indian/ Black Caribbean/ Black American/ Cantonese/ Other*)

3. Full Postal Address: _____

Postcode: _____

4. Pre-School the child is currently attending (*if applicable*):

Name _____

Address _____

Name of Principal _____

Date of Enrolment _____

Reason for Leaving _____

Other settings the child has previously attended (*if applicable*): _____

5. If your child has any additional needs (*eg: educational, medical, dietary*), please provide full details, including with your application any relevant supporting documentation:

Details of Child's Mother or Female Guardian

- 1. Full Name _____
- 2. Full Postal Address _____

Postcode: _____
- 3. Home Telephone Number *(including the district code)* _____
- 4. Work Telephone Number *(including the district code)* _____
- 5. Mobile Number _____
- 6. E-Mail Address _____
- 7. Occupation or Profession _____

Details of Child's Father or Male Guardian

- 1. Full Name _____
- 2. Full Postal Address _____

Postcode: _____
- 3. Home Telephone Number *(including the district code)* _____
- 4. Work Telephone Number *(including the district code)* _____
- 5. Mobile Number _____
- 6. E-Mail Address _____
- 7. Occupation or Profession _____



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Details of any connections with Campbell College *(currently or in the past)*

Declaration by Parents or Guardians

On admission to Campbell College Kindergarten, we agree that our child will be subject to all the rules and regulations of the school as laid down and agreed by the school authorities. We also agree that we will be bound by the rules and regulations of the College in all matters relating to our child's connection with it.

We also agree to be responsible for paying all fees and occasional extra costs charged by the school in respect of our child's education there.

We have read and understood the admissions criteria used by Campbell College in determining which children to admit if it is oversubscribed and has more applications for the available places than it can accommodate.

We have read and understood the statements made in the information regarding admissions criteria about the importance the school attaches to being fully informed about each child's educational and/or other additional needs. We understand that Campbell College's Board of Governors reserves the right not to admit a pupil in the exceptional circumstances that he has needs that the school is unable to meet within its current resources.

Signature of Child's Mother or Female Guardian: _____

Date: _____

Signature of Child's Father or his Male Guardian: _____

Date: _____



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Please tell us how you found out about Campbell College Kindergarten:

Please return your completed application form, together with a copy of the child's Birth Certificate and copies of any supporting material (*if applicable*), to:

Miss Andrea Brown (Headmistress)
Campbell College Junior School
Belmont Road
Belfast BT4 2ND
Northern Ireland

Telephone: +44 (0)2890763076

Email: info@campbellcollegejs.belfast.ni.sch.uk