

CAMPBELL COLLEGE

E^{șt} 1894 BELFAST

Junior School Application Form

Name of Child	
Date of Birth (DD/MM/YY)	
Academic Year in which admission is requested	

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/ Pa	akistani/ Indian/ Black Caribbean/ Black American/ Cantonese/ Other)	
Full Postal Address:		
Postcode:		
Pre-School or Primary School the child is a	currently attending (if applicable):	
Name		
Address		
Name of Principal		
Date of Enrolment		
Reason for Leaving		
Other schools the child has previously attended	t:	
5. If your child has any additional needs (eg: educational, medical, dietary), please provide full details, including with your application any relevant supporting documentation:		
Is your child on the Special Educational Ne If yes, at which Stage is he on the Code of Please include copies of any Individual Education		

Details of C	hild's Mother or Female Guardian	
1. Full Name		
2. Full Postal A	Address	
	Postcode:	
Home Telephone Number (including the district code)		
4. Work Telephone Number (including the district code)		
5. Mobile Num	ber	
6. E-Mail Addr	ess	
7. Occupation		
Details of C	hild's Father or Male Guardian	
1. Full Name		
2. Full Postal A	Address	
	Postcode:	
3. Home Telep	phone 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 any connections with Campbell College (currently or in the past)	
CAMPBELL COLLEGE		
E ^{§§} 1894 BELFAST		

Declaration by Parents or Guardians

On our child being admitted to Campbell College Junior School, we agree that he 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	s Mother or Female Guardian:	
	Date:	
Signature of Child's Father or his Male Guardian:		
Date:		
PI —	Please tell us how you found out about Campbell College Junior School:	
CAMPBELL COLLEGE		

Please return your completed application form, together with a copy of the child's Birth Certificate, a copy of the child's two most recent school reports (if applicable) 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