

## Application Form

 ${\it Please \ complete \ this \ form \ in \ CAPITALS}$ 

Date of entry	
Pupil's forename(s) in full:	
Date of birth:	
Pupil's religion:	• • •
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•	
	Postcode:
	Family email address:
*	
•	onship to the child:
Occupation & employer:	
Contact details:	
-	
•	
If you are not the child's parent, please specify your relationship to the child:	
Contact details:	
Address (if different from above):	
Telephone number (if different from above):	
	d?
If parents are separated, who has legal custody of the chil	

## Bolton School Girls' Division – Junior School Application Form (Years 3-6)

Please advise the Headteacher at the pupil's current school that year reference will be requested upon receipt of this application form	
Current School:	Current school year (eg Y2):
Date of admission to current school:	Name of Headteacher:
•	
	Headteacher's email address:
Name, address and dates of any other school(s) attended:	
Please mention here the names of any other members of your fam well as any other connection with the School, past or present:	nily currently attending the School or applying for entry as
Please give details of any specific learning difficulties, special educ SEN reports previously obtained with your completed application additional support or access arrangements must be disclosed at point in place for the Entrance Examination.	n form. Please note that all diagnosed SEND issues requiring
Please give details of any medical problems/conditions of which t	the school should be aware:
Confirmation of Application & Enclosure We request that the above named child be registered as a prospect process and hold personal information about our child in accordation found in the Privacy Notice on this webpage: https://www.boltomof assessment and, if a place is offered, in order to safeguard and process that the control of assessment and the privacy Notice on this webpage.	ance with GDPR regulations, further details of which can be aschool.org/downloads. We consent to this for the purposes
First signature:	Second signature:
Name in full:	Name in full:
Relationship to the child:	Relationship to the child:
Date:	Date:
Please note that this form should be signed by all parents having paren	ntal responsibility according to the Children Act of 1989.
Please enclose a copy of your daughter's birth certificate or passed to Bolton School) for the registration fee of £50 or contact our Fi Please note that we will be unable to process your application form if the	inance Department on 01204 434729 to arrange payment.
Please return this form to: Primary Division Admissions, Bolton Se	chool, Beech House, Chorley New Road, Bolton, BL1 4RL
Please note that payment of the application fee and completion of the a admission depends upon a candidate satisfying the School's current ent submitting it.	