

Application Form

Please complete this form in CAPITALS

Year of entry: $7 + \text{Years (Y3)} \square$ $8 + \text{Years (Y4)} \square$ $9 + \text{Years (Y5)} \square$ $10 + \text{Years (Y6)} \square$
Date of entry:
Pupil's Surname/Family name:
Pupil's Forename(s) in full:
Pupil's commonly used name:
Pupil's nationality:
Is your child a British or Irish Citizen? Y/N
If you live outside of Britain or Ireland, do you need sponsorship? Y/N
If No, which visa do you hold?
Pupil's first language(s):
Does the pupil hold a British Passport? Y/N Passport number (if held): Expiry Date
Pupil's normal home address:
Postcode:
Telephone number: Family email address:
Telephone number:
First parent's/guardian's name, including title:
First parent's/guardian's name, including title: If you are not the child's parent, please specify your relationship to the child:
First parent's/guardian's name, including title: If you are not the child's parent, please specify your relationship to the child: Occupation & employer:
First parent's/guardian's name, including title: If you are not the child's parent, please specify your relationship to the child: Occupation & employer: Contact details:
First parent's/guardian's name, including title: If you are not the child's parent, please specify your relationship to the child: Occupation & employer: Contact details: Telephone number (if different from pupil's number above):
First parent's/guardian's name, including title: If you are not the child's parent, please specify your relationship to the child: Occupation & employer: Contact details: Telephone number (if different from pupil's number above): Mobile number:

Second parent's/guardian's name, including title:
If you are not the child's parent, please specify your relationship to the child:
Occupation & employer:
Contact details:
Telephone number (if different from above):
Mobile number (if different from above):
Email address (if different from above):
Address (if different from pupil's address above):
If parents are separated, who has legal custody of the child?
Please note that all correspondence will be addressed to both parents; if this is inappropriate, please specify.
Please advise the Headteacher at the pupil's current school that you are applying for a place at Bolton School; a reference will be requested upon receipt of this application form.
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Please mention here the names of any other members of the family currently attending the School or applying for entry as well as any other connection with the School, past or present:		
of any SEN reports previously obtained	difficulties, special educational needs or disabilities. Please submit a copy with your completed application form. Please note that all diagnosed t or access arrangements must be disclosed at point of application so that the r the Entrance Testing Day.	
obtain, process and hold personal inform	tre be registered as a prospective pupil. We understand that the School may nation about our child in accordance with GDPR regulations, further racy Policy on this webpage: https://www.boltonschool.org/downloads.	
	ssessment and, if a place is offered, in order to safeguard and promote	
We consent to this for the purposes of as	ssessment and, if a place is offered, in order to safeguard and promote	
We consent to this for the purposes of as the welfare of our child. First Signature	ssessment and, if a place is offered, in order to safeguard and promote Second Signature	
We consent to this for the purposes of as the welfare of our child. First Signature Name in full	Second Signature Name in full	
We consent to this for the purposes of as the welfare of our child. First Signature Name in full Relationship to the child	Second Signature Name in full Relationship to the child	
We consent to this for the purposes of as the welfare of our child. First Signature Name in full Relationship to the child Date	Second Signature Name in full Relationship to the child	
We consent to this for the purposes of as the welfare of our child. First Signature Name in full Relationship to the child Date Please note that this form should be signed by Please enclose a copy of your daughter's by payable to Bolton School) for the registra	Second Signature Name in full Relationship to the child Date	
We consent to this for the purposes of as the welfare of our child. First Signature Name in full Relationship to the child Date Please note that this form should be signed by Please enclose a copy of your daughter's b payable to Bolton School) for the registra arrange payment. Please note that we will be	Second Signature Name in full Relationship to the child Date Date y all parents having parental responsibility according to the Children Act of 1989. wirth certificate or passport. Please enclose a non-returnable cheque (made tion fee of £40 or contact our Finance Department on 01204 434729 to	
We consent to this for the purposes of as the welfare of our child. First Signature Name in full Relationship to the child Date Please note that this form should be signed by Please enclose a copy of your daughter's b payable to Bolton School) for the registra arrange payment. Please note that we will be Please return this form to: Bolton School Please note that payment of the application for the second se	Second Signature Name in full Relationship to the child Date y all parents having parental responsibility according to the Children Act of 1989. wirth certificate or passport. Please enclose a non-returnable cheque (made tion fee of £40 or contact our Finance Department on 01204 434729 to the unable to process your application form if the above items are not enclosed.	
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