



Application Form

Please complete this form in CAPITALS

Year of entry: 3+ Years (Pre-School Class) 4+ Years (Reception) 5+ Years (Y1) 6+ Years (Y2)

Date of entry:

Pupil's surname/family name:

Pupil's forename(s) in full: Pupil's commonly used name:

Male/Female: Date of birth: Pupil's nationality as shown on passport:

Pupil's religion: Pupil's first language(s):

Pupil's normal home address:

.....

..... Postcode:

Telephone number: Family email address:

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:

Address (if different from above):

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Telephone number (if different from above):

Mobile telephone number:

Email address (if different from above):

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:

Address (if different from above):

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Telephone number (if different from above):

Mobile telephone number:

Email address (if different from 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.

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Bolton School – Infant School Application Form

Current Nursery/Playgroup/School:

Date of admission to current Nursery/Playgroup/School: Name of Head:

Nursery/Playgroup/School address with postcode:

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Nursery/Playgroup/School telephone number:

Head's email address:

Name, address and dates of any other Nursery/Playgroup/School(s) attended:

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Please mention here the names of any other members of your family currently attending the School or applying for entry as well as any other connection with the School, past or present:

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Please give details of any specific learning difficulties, special educational needs or disabilities. Please submit a copy of any SEN reports previously obtained with your completed application form. Please note that all diagnosed SEND issues requiring additional support or access arrangements must be disclosed at point of application so that the necessary provision can be put in place for the assessment.

Please give details of any medical problems/conditions of which the school should be aware:

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Confirmation of Application & Enclosure

We request that the above named child be registered as a prospective pupil. We understand that the School may obtain, process and hold personal information about our child in accordance with GDPR regulations, further details of which can be found in the Privacy Notice on this webpage: <https://www.boltonschool.org/downloads>. We consent to this for the purposes of assessment and, if a place is offered, in order to safeguard and promote the welfare of our child.

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 parental responsibility according to the Children Act of 1989.

Please enclose a copy of your child's birth certificate or passport. Please enclose a non-returnable cheque (made payable to Bolton School) for the registration fee of £50 or contact our Finance Department on 01204 434729 to arrange payment. *Please note that we will be unable to process your application form if the above items are not enclosed.*

Please return this form to: Primary Division Admissions, Bolton School, Beech House, Chorley New Road, Bolton, BL1 4RL

Please note that payment of the application fee and completion of the application form does not guarantee a place at the School, as admission depends upon a candidate satisfying the School's current entrance criteria. You are advised to make a copy of this form before submitting it.