

APPLICATION FOR ADMISSION TO BOOTHAM JUNIOR SCHOOL, YORK

FOR THE TERM 20..... YEAR GROUP TO BE ENTERED

Child's name in full: _____
(Please underline first name normally used)

For Office Use Only
Reg.
No.

Date of birth: _____ Approx. age on entry: _____

Child's address: _____

Post code: _____

Tel No: _____ Names of other children at Bootham Junior: _____

Mother's name: _____ Religious denomination *(if any)* _____

Mother's address if different from child's: _____ Home tel no: _____

Work tel no: _____

E-mail: _____

Father's name: _____ Religious denomination *(if any)* _____

Father's address if different from child's: _____ Home tel no: _____

Work tel no: _____

E-mail: _____

To whom should correspondence be addressed? *(Please tick)*

Mother & Father: Mother only: Father only: Duplicate correspondence to Mother & Father:
(at child's address)

If parent/s are Member/s of The Society of Friends, please state Monthly Meeting _____

Please state links with any Quaker school: *(Mother)* _____ *(Father)* _____

Name and address for invoice if different to above: _____

Child's present School *(if appropriate)*: _____ Tel no: _____

For Nursery and Reception class entrants, please indicate by circling below which days of the week attendance will be taken up, and whether this will be for am/pm or all day attendance.

Monday: am / pm / all day

Tuesday: am / pm / all day

Wednesday: am / pm / all day

Thursday: am / pm / all day

Friday: am / pm / all day

Signature of Parent or Guardian: _____ Date: _____

When completed this Application for Admission form should be returned, TOGETHER WITH A REGISTRATION FEE of £50.00 (cheques made payable to Bootham School) to: The School Secretary, Bootham Junior School, Rawcliffe Lane, York, YO30 6NP