

APPLICATION FORM

Junior School



IF COMPLETING THIS FORM BY HAND, PLEASE WRITE IN BLOCK CAPITALS

CHILD DETAILS

Surname:				Date of Birth:				
Forenames:				Nationality:				
Name by which the child is known:				Home Language:				
Gender:		Proposed start date: [e.g. Sept 2020]						
Year group applying to enter:	N	R	1	2	3	4	5	6
For Nursery entrants, please indicate over the page which dates of the week attendance will be taken up.								

CHILD'S CURRENT/PREVIOUS SCHOOLS

Name of current school:			
Name of Headteacher/Principal:			
Postal address:			
School administrative email address:			
Other schools attended from the age of 5:	School name:	Dates attended:	Reason for leaving:

PARENT / GUARDIAN DETAILS

Parent / Guardian 1		Parent / Guardian 2	
Surname:		Surname:	
Forename:		Forename:	
Relationship to child:		Relationship to child:	
Home telephone:		Home telephone:	
Mobile telephone:		Mobile telephone:	
Email:		Email:	
Full address (including postcode):		Full address (including postcode) - if different to Parent 1:	
The child's home address:		The child's home address:	
Parental responsibility:	Both Parents jointly	Parent/Guardian 1	Parent/Guardian 2
Please indicate preferred main contact, if applicable, and any special instructions for correspondence:			
If you would like us to email you our weekly website newsletter, please tick this box			[Please continue over]

MEDICAL, EMOTIONAL AND LEARNING SUPPORT

Please provide details of any medical condition, behavioural, emotional and/or social issues that the School should be made aware of:

Does the child currently receive any additional learning support?: Yes No (please tick as appropriate)
If yes, please give details:

Has the child ever been assessed by an Educational Psychologist?: Yes No (please tick as appropriate)

If yes, please enclose a copy of the Educational Psychologist's report when submitting this application

FAMILY LINKS WITH THE SCHOOL OR ANY QUAKER ORGANISATION

Does your family have any other connection with Bootham School? Please give details of current or former students:

Does your family have any links with any Quaker organisation (e.g. school or Meeting House?)

NURSERY CLASS ENTRANTS

For Nursery class entrants, please indicate below which days of the week attendance will be taken up, and whether this will be for a morning or full day.

Monday: Morning Full Day Tuesday: Morning Full Day

Wednesday: Morning Full Day Thursday: Morning Full Day

Friday: Morning Full Day

A non-refundable registration fee of £50 is required to complete the application. Cheques should be made payable to 'Bootham School'. If paying by bank transfer, please use the bank details below:

Bootham School bank details:

Bank name: Co-operative Bank
Account name: Bootham School
Sort code: 08-90-72
A/C No.: 70138504
IBAN No: GB18CPBK 089072 70138504
Swift No: CPBK GB22

Please tick one of the following:

I/we have paid by bank transfer

A cheque is enclosed

DECLARATION

By submitting this form, we are applying for a place at the School. We understand that submission of this form does not bind us to send our child to the School, or bind the School to accept the child as a student. We understand that the School may hold personal information under the terms of the Data Protection Act 1998, and that this information will be used for School purposes only.

Signed: _____ Date: _____

Print name : _____

**PLEASE COMPLETE THIS FORM IN FULL AND RETURN IT TO:
THE REGISTRAR, BOOTHAM JUNIOR SCHOOL, RAWCLIFFE LANE, YORK, YO30 6NP**