

EMMAUS SCHOOL

School Lane, Staverton, Trowbridge, Wiltshire, BA14 6NZ Tel: 01225 782684

Email: info@emmaus-school.org.uk

www.emmaus-school.org.uk

Application for Pupil Admission - RECEPTION				
First Names:		Surnan	Surname:	
Name Used:		Sex: N	Sex: M / F* Date of Birth:	
Address:			Tel. Number:	
Year When Admission is Sought:			Autumn Term (September) / Spring Term (January)*	
real tribunitanission is sought.			(conserved)	
Name & Address of Pre-School/Early Years Setting:				
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w w l (6 w la				
Key Worker/Setting Manager: Telephone Number:				
Please give details of any known special educational needs:				
Please give details of any relevant medical history:				
Names of Other Children in the Family				
Names of Other Children in the Family: Name Se	χ	Date of Birth	School (if applicable) and Year	
		2440 01 2.11411	and real	
How did you hear about Emmaus School:	_			

Names of Parents/Guardians with w 1. Name:	hom Applicant Resides & Relationship:
 Relationship to Child (eg. Father/Legal Gu	uardian/Step Father):
Mobile Tel. Number:	Email Address:
Occupation:	Work Telephone Number:
2. Name:	
Relationship to Child (eg. Mother/Legal G	Guardian/Step Mother):
Mobile Tel. Number:	Email Address:
Occupation:	Work Telephone Number:
Name of Father/Mother/Other Person	on with Legal Responsibility for Applicant:
Name:	Relationship to Child:
Address:	Home Tel. Number:
Mobile Tel. Number:	Email Address:
Occupation:	Work Telephone Number:
REASONS for Application (continue of	on a separate sheet if necessary):
Do You Worship Regularly at a Church	h and if so, which Church:
Yes / No:	
Persons From Whom References mar Please list contact details for your Church	y be Sought. n Leader/Minister as well as one other 'professional' referee:
1. Name & Address:	2. Name & Address:
Email Address:	Email Address:
Tel. Number:	Tel. Number:
	he child's birth certificate or current passport, should be returned with this application.
A copy of the latest school report, and the	The clina's birth certificate of current passport, should be returned with this application.
	75 must accompany this application (£25 for each additional child). Please make cheques so note that if a place is awarded, we will require a £200 deposit towards the first term's
	th the remaining amount to be paid by 1 st August, prior to the year of entrance.
SIGNATURES of Parents/Legal Guard	lians:
	Il basis and agree to my/our child being educated in accordance with it. I/We wish
to apply for a place for my/our child a Headteacher's discretion.	at Emmaus School and understand that an offer of a place will be made only at the
Father/Legal Guardian:	Date:
Mother/Legal Guardian:	Date: