



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:	Surname:
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Name Used:	Sex: M / F*	Date of Birth:
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Address:	Home Tel. Number:
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Year When Admission is Sought:	Autumn Term (September) / Spring Term (January)*
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Name & Address of Pre-School/Early Years Setting:	
Key Worker/Setting Manager:	Telephone Number:

Please give details of any known special educational needs:

Please give details of any relevant medical history:
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Names of Other Children in the Family:			
Name	Sex	Date of Birth	School (if applicable) and Year

How did you hear about Emmaus School:

Names of Parents/Guardians with whom Applicant Resides & Relationship:

1. Name:

Relationship to Child (eg. Father/Legal Guardian/Step Father):

Mobile Tel. Number:

Email Address:

Occupation:

Work Telephone Number:

2. Name:

Relationship to Child (eg. Mother/Legal Guardian/Step Mother):

Mobile Tel. Number:

Email Address:

Occupation:

Work Telephone Number:

Name of Father/Mother/Other Person 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 on a separate sheet if necessary):

Do You Worship Regularly at a Church and if so, which Church:

Yes / No:

Persons From Whom References may be Sought.

Please list contact details for your Church Leader/Minister as well as one other 'professional' referee:

1. Name & Address:

2. Name & Address:

Email Address:

Email Address:

Tel. Number:

Tel. Number:

A non-refundable administration fee of £75 must accompany this application (£25 for each additional child). Please make cheques payable to Emmaus School. Please also note that we require a £200 deposit towards the first term's fees by the start of the summer term, with the remaining amount to be paid by 1st August, prior to the year of entrance.

SIGNATURES of Parents/Legal Guardians:

I/We have read the School's doctrinal 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 at Emmaus School and understand that an offer of a place will be made only at the Headteacher's discretion.

Father/Legal Guardian: _____

Date: _____

Mother/Legal Guardian: _____

Date: _____