

How did you hear about Emmaus School:

EMMAUS SCHOOL

School Lane, Staverton, Trowbridge, Wiltshire, BA14 6NZ

Tel: 01225 782684

Email: info@emmaus-school.org.uk

www.emmaus-school.org.uk

| Name Used: Sex: M / F Date of Birth: Year: Home Tel. Number: Year & Term When Admission is Sought: Relevant School History: Name & Address of Present/Most Recent School: Number of Years Attended: Head Teacher's Name: Class and/or Form Teacher: School Telephone Number: Please give details of any known special educational needs: Please give details of any relevant medical history: Name Sex Date of Birth School (if applicable) and Year | First Names: | | Surnar | ne: | |
|---|--|-----------------------|---------------|----------------------------|-------|
| Year & Term When Admission is Sought: Relevant School History: Name & Address of Present/Most Recent School: Number of Years Attended: Head Teacher's Name: Class and/or Form Teacher: School 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: | Name Used: | Sex: M / | F Date o | f Birth: | Year: |
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| Please give details of any relevant medical history: Names of Other Children in the Family: | | | School | Telephone Number: | |
| Names of Other Children in the Family: | Please give details of any kno | wn special education | al needs: | | |
| | Please give details of any rele | vant medical history: | : | | |
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| | No constant of Cultura Children in the | | | School (if applicable) and | Voor |
| | | Sex D | ate of Birth | School (ii applicable) and | rear |
| | Names of Other Children in the Name | Sex D | Pate of Birth | School (II applicable) and | rear |

| Names of Parents/Guardians with wh | om Applicant Resides & Relationship: |
|---|--|
| 1. Name: | |
| Relationship to Child (eg. Father/Legal Gua | ardian/Step Father): |
| Mobile Tel. Number: | Email Address: |
| Occupation: | Work Telephone Number: |
| 2. Name: | |
| Relationship to Child (eg. Mother/Legal Gu | ardian/Step Mother): |
| Mobile Tel. Number: | Email Address: |
| Occupation: | Work Telephone Number: |
| Name of Father/Mother/Other Perso | n with Legal Responsibility for Applicant: |
| Name: | Relationship to Child: |
| Address: | Home Tel. Number: |
| Mobile Tel. Number: | Email Address: |
| Occupation: | Work Telephone Number: |
| Do You Worship Regularly at a Church | and if so, which Church: |
| Yes / No: | |
| Persons From Whom References may Please list contact details for your Church | be Sought. 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 £7 payable to Emmaus School Ltd. Payment of that if a place is awarded, we will require remaining amount of that term to be paid SIGNATURES of Parents/Legal Guardial/We have read the School's doctrinal | e child's birth certificate or current passport, should be returned with this application. 5 must accompany this application (£25 for each additional child). Please make cheques can also be made direct to our bank, please ask for account details. Please also note a £200 deposit towards the first terms fees by the start of the summer term, with the by 1st August, prior to the year of entrance. ans: basis and agree to my/our child being educated in accordance with it. I/We wish d at Emmaus School and understand that an offer will be made only at the |
| Father/Legal Guardian: | Date: |
| Mother/Legal Guardian: | Date: |