Head Teacher: Ben Snowdon

Telephone: 01332 340505

Email: *office@emmanuel.derby.sch.uk*

 Juniper Lodge

43 Kedleston Road

Derby DE22 1FP

**APPLICATION FORM**

for admission in September/ January/April \* 201\_\_ (\*delete as applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **THE CHILD**  | M/F  |  |  |
| First name(s)  |   |  |  |
| Surname  |   |  |  |
| Address  |   |  |  |
| Telephone No. - home  |   |  |  |
| D.O.B.  |   |  |  |
| Position in family  |   |  |  |
| Religion/Faith  |   |  |  |
| Nationality & home language  |   |  |  |
| Other language understood  |   |  |  |
| Previous school/nursery    |   | From  | To  |
| Medical conditions of which staff should be aware   |   |  |  |
| Allergies  |   |  |  |
| Special dietary needs  |   |  |  |
| Family Doctor Surgery address Telephone no.  |   |  |  |
| Regular medication    |   |  |  |

P.T.O.

|  |  |
| --- | --- |
| **PARENTS/GUARDIANS**  |   |
| **Mother** : Full name  |   |
| Occupation  |   |
| Work address   |   |
| Work telephone  |   |
| Mobile no.  |   |
| Email address  |   |
| **Father** : Full name  |   |
| Occupation  |   |
| Work address   |   |
| Work telephone  |   |
| Mobile no.  |   |
| Email address  |   |
| **Alternative contact in case of emergency**  |
| Name &relationship to child  |   |
| Telephone no.  |   |
| Other information (other agencies e.g. speech therapist, physiotherapist etc.)    |
| Please add any other comments below which you feel may be helpful:    |

 I/we understand the aims and principles of the school as set out in the school prospectus and wish to see my child educated in a way that conforms with the Gospel of Jesus Christ and the Kingdom of God.

 I/we agree to pay school fees on the 1st of the month.

 I/we agree to giving a half term’s notice should I withdraw my child from Emmanuel (NB this is a school half term e.g. to leave at the end of the summer term notice must be given **before** the summer half term)

Signed:..........................................................(Father) ……………………………....……………………. (Mother)

Date: ...............................................