|  |  |
| --- | --- |
| **ENFIELD GRAMMAR SCHOOL** **SUMMER SCHOOL 2022** **Monday 25 July to Tuesday 26 July**  | *An Academy Trust* |
|  |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE****The completed application form can be returned tonight (placed in box provided).** **Otherwise return to:** Mrs L Watson, Enfield Grammar School, Market Place, Enfield EN2 6LNTelephone: 020 8363 1095 Ex 300 Email: summerschool@enfieldgrammar.org**PLEASE RETURN NO LATER THAN FRIDAY 1 July 2022****Due to the increasing pressures on school funds there will be a daily charge of £10.00 per child per day. If you feel you are unable to contribute this amount please contact the Headteacher, who will look at each case individually.** |
|  |

|  |
| --- |
| PERSONAL DETAILS |
| Pupil Surname:  | Pupil First Name(s):  |
| Address (including post code):  |
| Home Telephone No:  | Mobile Telephone No:  |
| Please write Email Address in the boxes below: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of second contact in case of emergency: |
| Second contact phone number: |
| A mid-morning snack will be provided for the FSM and LAC students (Please circle if applicable). All other students to bring a mid-morning snack |
| Free School Meals\* | Looked After Child |
| \* Free School Meals = If your son has been eligible for Free School Meals at any point during the preceding six years |

|  |
| --- |
| ATTENDANCE DETAILS |
| Please tick to indicate which day/s you wish your son to attend: |
|  |
| Monday 25 July 2022 |  |
| Tuesday 26 July 2022 |  |

|  |  |
| --- | --- |
| Please tick: |  |
| I will allow my son to walk home at 2pm each day |  |
| I will collect my son at 2pm each day |  |

|  |
| --- |
| MEDICAL DETAILS |
| Please detail any medical conditions, including allergies, that your son has: |
|  |
| Please detail any medication that your son may require to bring to the summer school and self-administer: |
|  |
| NOTE: If your son needs to carry an EpiPen in case of anaphylactic shock, you must detail this in the above.  |

|  |
| --- |
| DONATION |
| Please select one of the following options for payment (please tick):□ I enclose cash (please ensure this is in a sealed envelope)□ I enclose a cheque made payable to Enfield Grammar School□ by online Bank Transfer to Enfield Grammar School, Sort Code: 30-99-86 A/C number: 51401760 – please quote reference: SS followed by your son’s surname ie SS Smith.  |

|  |
| --- |
| CONSENT |
| Please note that photographs may be taken during the Summer School. These may be used on the Enfield Grammar School website and possibly in the local press.  |
| If a pupil’s behaviour poses a threat to his own health and safety, or to the health and safety of other pupils on the Summer School, he may be asked to leave.  |
| Name: | Signature:  | Date: |