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| **ENFIELD GRAMMAR SCHOOL**  **SUMMER SCHOOL 2022**  **Monday 25 July to Tuesday 26 July** | *An Academy Trust* |
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| **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 6LN  Telephone: 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.** | |
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| 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: | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | |

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

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

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

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| 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. |

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| 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: |