



EMMANUEL COLLEGE Student Application Form

The closing date for Year 7 applications is MIDNIGHT 31 OCTOBER of the year preceding the proposed year of entry.

Child details

To be completed by the child's parent, carer or guardian in BLOCK CAPITALS, please.

Surname (as on birth certificate) _____

First names(s) (as on birth certificate) _____

Preferred forename _____

Permanent address _____

Postcode _____

Date of birth* _____

Gender _____

Name and tutor of siblings currently at Emmanuel _____

Current primary school and address _____

(*we can only accept applications from children who have reached their 9th birthday.)

Children who are currently under the care of the local authority (known as 'looked after'), or have previously been in care of the local authority and were subsequently adopted or cared for under a special guardianship order or child arrangement order will be given a priority place, if their first choice of school is Emmanuel College. If you believe this applies to your child please tick this box to consent for us to verify this information with the local authority.

Parent/carers/guardian details

Full name	1. _____	2. _____
Relationship to child	_____	_____
Address	_____	_____
	_____	_____
Postcode	_____	_____
Home telephone	_____	_____
Mobile telephone	_____	_____
Email address	_____	_____

Please tick if a parent, carer or guardian is a current employee of the Emmanuel Schools Foundation with a normal place of work at Emmanuel College.

Please tick to confirm that:

The permanent address of the child applying is within the College catchment area, as detailed in the admissions policy shown on the College website (<http://www.emmanuelcollege.org.uk/>), and I consent to Emmanuel College carrying out checks with the local authority or my child's primary school to verify this address.

My child will be available for the statutory CTC tests on the second or third Saturday in November of the year preceding the proposed year of entry.

I understand that it is my responsibility to ensure that the form is received by College and enclose a stamped addressed envelope for written confirmation of receipt.

Signature of parent/carers/guardian _____ Date _____

This application should be returned to: Admissions, Emmanuel College, Consett Road, Gateshead, NE11 0AN. If you have any queries, please telephone 0191 4602099.