

**FRIENDS' SOUTHERN SUMMER EVENTS (FSSE)  
APPLICATION FORM FOR SOUTHERN SUMMER SCHOOL 16–23 August 2014**

Full name of participant:	
Name participant likes to be known by:	
Address - Please write clearly using <u>BLOCK CAPITALS</u> :	
Postcode:	
Age at time of event ( <i>must be 11 by 1 September 2014 and under 15</i> ):	Date of birth:
<b>Male / Female</b> (circle response)	Home phone:
Attended Summer School before? <b>Yes / No</b>	Participant's mobile :
Diet: <b>vegetarian / vegan / meat eater?</b> Any special dietary needs? If yes, give details (here, or overleaf).	
Local Meeting	
Area Meeting	
Name of <b>parent/guardian</b>	
<b>Parent/guardian</b> address (if different from above) Please write clearly using <u>BLOCK CAPITALS</u>	
Postcode:	
<b>Parent/guardian's</b> telephone/mobile	
<b>PARENT/GUARDIAN'S DECLARATION:</b> I apply for the young person named above to attend Summer School. I understand that I am responsible for the full cost of £325, including bursaries, which is due by 30 June.	
Signed ( <b>parent/guardian</b> ):	Date:
<b>IMPORTANT</b> We prefer to contact you and send forms by email to save expense, postage and paper * Please write clearly using BLOCK CAPITALS:	
<b>Parent/guardian's</b> email:	
Participant's email ( <i>optional</i> ):	
<i>All correspondence will be sent to parent/guardian email, so please make sure this is checked regularly!</i>	
*If you require correspondence to be sent by post, tick here	<input type="checkbox"/>
<b>SUPPORT OF QUAKER BODY</b> <i>Please ask a clerk, elder or overseer of your local Quaker meeting to complete this section. Alternatively, <b>an email from a clerk, elder or overseer using the wording below will be accepted.</b></i>	
I [name] as <b>clerk/elder/overseer</b> of	
Quaker Meeting support this application. I confirm that the applicant is associated with this Quaker meeting.	
Signed:	Date:
We aim to be fully inclusive. Some participants may need extra support, in which case please write below (continue overleaf if necessary) in confidence to the organisers about any issues you feel they need to know to support your child/ward more fully. Examples could include but are not limited to: social support (e.g. help in group activities and/or forming friendships); physical support (e.g. wheelchair user, mobility difficulties); behavioural or emotional support. All participants will be required to complete a medical form signed by you once offer of a place is confirmed.	

*Please return this form by 15 March 2014. Early return helps our planning as we hope to fill all 80 places. Offers of places will be sent from 15 March.*

Completed forms to: Alison Tyabji, Summer School Bookings. To find out her address please email [summerschool@fsse.org.uk](mailto:summerschool@fsse.org.uk) or leave message/text on 07758 458 817