

FRIENDS' SOUTHERN SUMMER EVENTS (FSSE)  
**APPLICATION FORM FOR SUMMER SCHOOL 21-28 August 2010**

*Please delete as applicable where text is in **bold***

Full name of participant	
Name participant likes to be known by	
Address - Please write clearly using <u>BLOCK CAPITALS</u>	
Postcode	
Date of birth	Age at time of event ( <i>must be under 15 on 1 September 2010</i> )
<b>Male/Female</b>	Home phone
Attended Summer School before? <b>Yes/No</b>	Participant's mobile
Are you a <b>vegetarian/vegan/meat eater</b> ? Do you have other 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 £305, 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, because this saves paper and expense. We send forms to the parent/guardian responsible for making the payment. Please write clearly using BLOCK CAPITALS.	
<b>Parent/guardian's</b> email	
Participant's email	
All correspondence will be sent to these addresses, so please make sure you check them regularly!	
If you prefer, we can send correspondence by post – if so please tick here <input type="checkbox"/>	
SUPPORT OF QUAKER BODY <i>Please ask a clerk, elder or overseer of your local Quaker meeting to complete this section</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) to tell the organisers in confidence 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 send completed form by **15 March 2010** to Alison Tyabji, Summer School Bookings Secretary.

To find out her postal address please email [summerschool@fsse.org.uk](mailto:summerschool@fsse.org.uk)