

Mannafields Christian School

APPLICATION FORM

Scottish Charity No: SC006202

APPLICATION FOR ENROLMENT

Please complete and return toduring term: FAO The Headteacher at the school address as detailed on the Supplementary Notes

during holidays:

The Chairman of the Board as detailed on the Supplementary Notes

PARENTS	Forename(s)	Surname	Occupation
Father			
Mother			
Marital status		Church/Fellowship: (if any)	
ADDRESS			
Post Code		E-mail	
PHONE: Day		Evening	
Father's Mobile:		Mother's Mobile:	

Details Of Children To Be Enrolled At School			
Full Name	Present class	Date of Birth	Enrolment Date

1	Are you a Christian? (delete whi	chever does not apply)
	Father - YES/NO	Mother - YES/NO

2 If YES, please state briefly how you know this:

3 Why do you support Christian education and wish your child/ren to attend Mannafields?

REFEREE: Please supply the name and address of a referee, preferably your minister/senior elder/pastor.

NAME:	RELATIONSHIP:
ADDRESS:	
	POST CODE:

CHILD DETAILS

Enrolment" form above.
Child's name:
Particular strengths:
Particular weaknesses:
Medical background:
Special educational needs:
Your views on your child's spiritual development:
CHILD DETAILS
Please complete this form as fully as possible and enclose it with the "Application For Enrolment" form above. Child's name: Particular strengths:
Particular weaknesses:
Medical background:
Special educational needs:
Your views on your child's spiritual development:

BURSARY APPLICATION FORM

Name:
Name's of dependants & ages of those under 21:
Proposed parental contributions per month:
Contributions from other sources:(eg. Church, family, friends etc.)
Amount of Bursary applied for (i.e. Current Fees less above Parental and other contributions):
I agree to contact the treasurer should my financial circumstances change.
Signed:
For office use:
Amount of Bursary Awarded:
Signed:

MONTHLY BUDGET SHEET

INCOME:		£
Husband:	Gross earnings per year	
	Net per month (after tax, N.I, pension)	
Wife:	Gross earnings per year	
	Net per month (after tax, N.I, pension)	
Child Benefit		
Other income (state details)	a)	
	b)	
TOTAL INCOME PER MO	NTH	
EXPENDITURE:	(Items marked * state monthly average or equivalent)	
Tithe		
Mortgage		
Mortgage related insurance	e	
Buildings/contents insurar	nce*	
Council tax		
Heat & light*		
Telephone*		
Groceries/household		
Child (ren) related items		
Car fuel/parking		
Car tax/insurance*		
Car repairs/MOT*		
Public transport		
Life insurance		
Loan repayments (state d	etails)	
School fees (state details)		
Clothes/hair/presents*		
Dentist/optician*		
Holidays (if budgeted for)		
Other (state details)	a)	
	b)	
	c)	
TOTAL EXPENDITURE		
MONTHLY SURPLUS/DE	FICIT	

APPLICATION FORM - Membership of MCEA (Non-parents)

Please only fill in this form if you are applying for Membership to MCEA as a Non-Parent and not enrolling a child in the school.

Please complete and return to-

Signed(Sec.):_____

during term:

FAO The Headteacher at the school address as detailed on the Supplementary Notes

during holidays:

The Chairman of the Board as detailed on the Supplementary Notes

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Applicant	Forename(s)	Surname	Occupation
1	,		·
2			
Church/Fellowsh	ip: (if any)		
ADDRESS			
Post Code		E-mail	
PHONE: Day		Evening	
A: I/We agree Association. B: I/We agree: i) to accepii) to contr	ot the authority of the ribute and give genero	IP: Institution of the Mannafiel Board and abide by its decise ously to the work of the Assonation and when the need arises	ions; ciation, as I am able;
Signed:		Date:	_
OFFICE USE ONL	Y		
Date received:			
Interviewers:		::	

RESPONSE PAGE

Please complete and return toduring term:

FAO The Headteacher at the school address as detailed on the Supplementary Notes

during holidays:

The Chairman of the Board as detailed on the Supplementary Notes

[] Please enrol me as a 'FRIEND OF MANN	AFIELDS'
[] I would like copies of MANNAFIELD	OS NEWS / PRAYER LETTER as published.
[] I am interested in enrolling my child(replication) Please contact me to arrange a time to	
[] I would like further copies of the Pr	rospectus for the following purpose(s):
[] I would like copies of the leaflets:	
* MANNAFIELDS CHRISTIAN SCHOOL	[]
* "Why Christ-centred Education?"	[]
[] Please send information about supporting	ng the School to:
1	
2	
3	
4	
* I enclose an SAE/gift for MCS/postages of	contribution of £
[] Please tick if you require a receipt	
My name, address and telephone number:	
Tel: (Day/Eve)*

^{*}Please delete as appropriate