|  |  |  |
| --- | --- | --- |
| APPLICATION FORM | | |
| Name of Maths Activity:  Child’s name: |  |
| Age: |  |
| School: |  |
| Parent/carer name: |  |
| Contact number: |  |
| Contact email: |  |
| Address: |  |
|  | | |
|  | | |
| PERMISSION | | |

I …………………………………………… give permission for my child ………………………………

to enter the Enfield Learns Together! Maths Challenge.

Please send a picture of the work with this completed application form to:

[**Enfieldlearnstogether@centralenfieldclc.org.uk**](mailto:Enfieldlearnstogether@centralenfieldclc.org.uk)

with **Maths Challenge written in the subject line.**

The picture **should not include images of children.**

Images will be uploaded onto a website from mid-June and all applicants will be

sent a link to the pictures.