|  |  |  |  |
| --- | --- | --- | --- |
| APPLICATION FORM | | | |
| Young Author’s name: |  | | |
| Age: |  | | |
| School name:  Parent name: |  | | |
| Contact number: |  |  |  |
| Contact email:  Address: |  | | |
|  | | | |
|  | | | |
| PERMISSION | | | |

I give permission for my child:

to enter a story into the Enfield Learns Together Short Story Competition.

I confirm that the story submitted is independent and unaided work written by my child.

Please send the short story typed on Word and this completed application form to [enrichment@enfield.gov.uk](mailto:enrichment@enfield.gov.uk)

No later than **1pm on Friday 5 June 2020**