



## Year \_\_\_ Application Form

Academic Year \_\_\_\_\_

NAME: \_\_\_\_\_

ENROLMENT NO: \_\_\_\_\_

Please note the following:

- 1) You must use blue or BLACK INK and BLOCK CAPITALS to fill this form.
- 2) All sections must be completed to avoid any delay in registration.
- 3) The application form must be signed by parent/guardian.
- 4) The application form must reach Azhar Academy Girls School office by \_\_\_\_\_ so that we can process your application.
- 5) Please ensure that the Pupil Information Form is completed by your daughter's current teacher and returned with this application form.
- 6) Please ensure that the entrance test fee of £30 is enclosed with this application.

<b>NAME:</b>		<b>MIDDLE NAME:</b>		<b>SURNAME:</b>	
<b>DATE OF BIRTH:</b>			<b>AGE:</b>		<b>GENDER:</b>
<b>FULL ADDRESS:</b>					
<b>CITY:</b>			<b>POSTCODE:</b>		
<b>TELEPHONE:</b>					
<b>ETHNIC ORIGIN:</b>					
<b>RELIGION:</b>					
<b>FIRST LANGUAGE:</b>					
<b>COUNTRY OF BIRTH:</b>					
<b>MEDICAL HISTORY (Is the child taking any medication?):</b>					
<b>NAME OF DOCTOR:</b>					
<b>ALLERGIES:</b>					
<b>PHOTO PERMISSION (circle): YES / NO</b>			<b>TRIP PERMISSION (circle): YES / NO</b>		
<b>WOULD YOUR DAUGHTER BE ENTITLED TO FREE SCHOOL MEALS? (circle): YES / NO</b>					
<b>ARE YOU ON ANY FORM OF INCOME BENEFIT? (circle): YES / NO</b>					
<b>DOES THE PUPIL HAVE A SIBLING CURRENTLY ATTENDING AZHAR? IF YES</b>					
<b>NAME:</b>			<b>YEAR:</b>		
<b>FAMILY EMAIL (required):</b>					

## MOTHER'S INFORMATION

NAME OF MOTHER:			
FULL ADDRESS:			
CITY:	POSTCODE:		
TELEPHONE:	MOBILE		
OCCUPATION:	WORK NO:		
EMAIL:			

## FATHER'S INFORMATION

NAME OF FATHER:			
FULL ADDRESS IF DIFFERENT FROM ABOVE:			
CITY:	POSTCODE:		
TELEPHONE:	MOBILE		
OCCUPATION:	WORK NO:		
EMAIL:			

## EMERGENCY CONTACT 1

<b>NAME:</b>	
<b>FULL ADDRESS IF DIFFERENT FROM ABOVE:</b>	
<b>CITY:</b>	<b>POSTCODE:</b>
<b>TELEPHONE:</b>	<b>MOBILE:</b>
<b>RELATIONSHIP WITH CHILD:</b>	

## EMERGENCY CONTACT 2

<b>NAME:</b>	
<b>FULL ADDRESS IF DIFFERENT FROM ABOVE:</b>	
<b>CITY:</b>	<b>POSTCODE:</b>
<b>TELEPHONE:</b>	<b>MOBILE:</b>
<b>RELATIONSHIP WITH CHILD:</b>	

## PREVIOUS EDUCATION

<b>SCHOOL ATTENDING:</b>			
<b>UPN (obtain from school):</b>			
<b>FULL ADDRESS:</b>			
<b>CITY:</b>		<b>POSTCODE:</b>	
<b>TELEPHONE:</b>		<b>FORM/CLASS TEACHER:</b>	
<b>HEADTEACHER:</b>			

## MADRASSA

<b>SCHOOL ATTENDING:</b>			
<b>FULL ADDRESS:</b>			
<b>CITY:</b>		<b>POSTCODE:</b>	
<b>TELEPHONE:</b>		<b>FORM CLASS TEACHER:</b>	
<b>HEADTEACHER:</b>			

## AGREEMENT

1. I agree to not interfere with the conducting of the school.
2. I agree to not approach or intimidate the class teacher.
3. I agree to hold myself responsible for any damages or injuries that may be caused by my child.
4. I agree to pay for the registration fee and the annual school fees of the child on the due dates.
5. I indemnify Azhar Academy Girls School against any damages, injuries etc, during my child's attendance at the school.
6. I fully agree that my child will be subjected to, and I will fully comply with the rules and regulations of Azhar Academy Girls School.
7. I confirm that the information provided to the school is correct.
8. I will inform the school of changes in my contact details.

## DECLARATION BY PARENT

Full name: ..... Signature: .....

Relationship with child: ..... Date: .....

.....

### FOR OFFICIAL USE

Madrasa form	<input type="checkbox"/>
Photo identification	<input type="checkbox"/>
References	<input type="checkbox"/>