



In the name of Allah, The Beneficent, The Merciful

# Pupil Application Form



Please complete the following in BLOCK CAPITALS. Before signing, please read our attached terms and conditions.

**Please ensure you complete all sections of this form in full**

**Child's Information**

|                       |                      |                                      |   |
|-----------------------|----------------------|--------------------------------------|---|
| Child's legal surname | <input type="text"/> | Legal forename/s (inc middle names): | <input type="text"/>  |
| Date of birth:        | <input type="text"/> | Gender:                              | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address:              | <input type="text"/> |                                      |   |
| Area:                 | <input type="text"/> | City:                                | <input type="text"/>  |
| Post code:            | <input type="text"/> | Home tel:                            | <input type="text"/>  |
| Ethnicity:            | <input type="text"/> | Languages spoken:                    | <input type="text"/>  |

**Details of Parents/ Carers**

We are required by law to record the names and addresses of every person who has parental responsibility for the child under the Children Act

**Parent(s) Legal Guardian(s) with whom the child lives**

| Parent/ carer 1 |   | Parent/ carer 2 |   |
|-----------------|---|-----------------|---|
| Name inc title: | <input type="text"/>  | Name inc title: | <input type="text"/>  |
| Relationship:   | Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> | Relationship:   | Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> |
| Address:        | <input type="text"/>  | Address:        | <input type="text"/>  |
| Occupation:     | <input type="text"/>  | Occupation:     | <input type="text"/>  |
| Mobile:         | <input type="text"/>  | Mobile:         | <input type="text"/>  |
| Work tel:       | <input type="text"/>  | Work tel:       | <input type="text"/>  |
| Email:          | <input type="text"/>  | Email:          | <input type="text"/>  |

Does this person have parental responsibility? Yes  No

Does this person have parental responsibility? Yes  No

**Emergency Contact Details**

In case of an emergency, please provide details of two people we can contact **other than the parents mentioned above.**

| Emergency contact 1 |                      | Emergency contact 2 |                      |
|---------------------|----------------------|---------------------|----------------------|
| Name:               | <input type="text"/> | Name:               | <input type="text"/> |
| Relationship:       | <input type="text"/> | Relationship:       | <input type="text"/> |
| Address:            | <input type="text"/> | Address:            | <input type="text"/> |
| Telephone:          | <input type="text"/> | Telephone:          | <input type="text"/> |
| Mobile/ Work:       | <input type="text"/> | Mobile/ Work:       | <input type="text"/> |



### Medical Details

|   |                              |                             |                                |
|---|------------------------------|-----------------------------|--------------------------------|
| Child's doctor's name:                                    |                              |                             |                                |
| Surgery address:  |                              |                             |                                |
| Telephone number:   |                              |                             |                                |
| Is your child on any medication?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes please provide details: |
| Is your child undergoing any medical treatment?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes please provide details: |
| Does your child have any allergies we should be aware of? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes please provide details: |

### Previous School/ Setting Details

|  |  |                    |  |
|--|--|--------------------|--|
| Name and address of previous/ current school or setting: |  | Class/ year group: |  |
| Reason for leaving current/ previous school or setting:  |  |                    |  |

### Details of any other siblings attending Al Ameen Primary School (if applicable)

|                  |  |             |  |
|------------------|--|-------------|--|
| Name of sibling: |  | Year group: |  |
| Name of sibling: |  | Year group: |  |

### Place Required

Please state below which year group you require for your child

|                                  |                                     |                                     |                                    |                                 |                                 |                                 |                                 |                                 |                                 |
|----------------------------------|-------------------------------------|-------------------------------------|------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Place required in (please tick): | Nursery AM <input type="checkbox"/> | Nursery PM <input type="checkbox"/> | Reception <input type="checkbox"/> | Year 1 <input type="checkbox"/> | Year 2 <input type="checkbox"/> | Year 3 <input type="checkbox"/> | Year 4 <input type="checkbox"/> | Year 5 <input type="checkbox"/> | Year 6 <input type="checkbox"/> |
|----------------------------------|-------------------------------------|-------------------------------------|------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|

### Additional Information

|   |                              |                             |                                 |   |
|---|------------------------------|-----------------------------|---------------------------------|---|
| Does your child have any special educational needs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes please provide details:  |   |
| Is English an additional language for your child?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, would you say they are: | Fluent <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> No English spoken <input type="checkbox"/> |

Is the child legally 'in care'? If yes please provide the following information

| Carer         |  | Social Worker    |  |
|---------------|--|------------------|--|
| Carer's Name: |  | S Worker's Name: |  |
| Address:      |  | Address:         |  |
| Telephone:    |  | Telephone:       |  |

Please provide any further information you may wish to give about your child or family circumstances (including court orders, access and contact).

|  |
|--|
|  |
|--|

Do either parental guardians have a court order? If yes, please provide details

|  |
|--|
|  |
|--|



| Parental Approval   |                      | Please tick                |
|---|----------------------|----------------------------|
| I agree to my child undergoing any routine health checks e.g. dental, carried out at school. I understand that I will be notified immediately if any follow up action is felt to be necessary after such a check. |                      | <input type="checkbox"/>   |
| I agree to a member of the school staff checking my child's hair should it be suspected that there may be a possibility of the presence of head lice.   |                      | <input type="checkbox"/>   |
| I am willing for my child to bring a book home from the school library and public libraries and understand that I will need to compensate for any items lost or damaged while in my child's care.                 |                      | <input type="checkbox"/>   |
| I consent for the administration of emergency medication and/or hospital treatment to be given to my child in my absence if I cannot be contacted in an emergency situation.                                      |                      | <input type="checkbox"/>   |
| I consent for my child to take part in out of school visits including outings within walking distance on foot. I understand that for longer trips, I may have to complete a separate consent form.                |                      | <input type="checkbox"/>   |
| Signed:   | <input type="text"/> | Date: <input type="text"/> |

**This application is subject to the following terms and conditions:**

- All applications must be supported by a £60 registration fee per child (non-refundable), together with the child's birth certificate and two forms of ID with the parents/guardian's name and address on. Applications received without full payment of the registration fee will **NOT** be processed. Please note that this fee is not required for nursery applicants however will be payable when the child moves from nursery to reception.
- At least **one month** written notice is required before a child can be withdrawn from school. In the event of a child being withdrawn without notice, **parents/carers are still liable for payment of the full month's fees.**
- All school fees and any other school related expenses must be **paid on time.**
- Parents/carers **must** ensure that their child **arrives** to school and is **collected** from school **on time.**
- Admission to free nursery places is on the basis that your child will attend 15 hours per week unless otherwise specified, for which Al Ameen Primary School will claim nursery education funding. In the event that your child attends additional sessions at another nursery setting and nursery education funds are declined for duplication and non entitlement, parents/carers are liable for full payment of the lost income.
- Your child will abide by all the rules and regulations of Al Ameen Primary school and failure to do so may result in dismissal. In any such cases, you will have no legal remedy against Al Ameen Primary School.
- You will support your child in following the rules, regulations, procedures, guidelines and ethos of the school.

**I can confirm that my child does not attend any other nursery setting**

**Declaration**

In signing this form, I confirm that the information provided above is true to the best of my knowledge and that:

- I have read through the terms of conditions for my child's admission to Al Ameen Primary School.
- I will support my child in following the rules, regulations, procedures, guidelines and ethos of the school as well as doing so myself as applicable.
- I have enclosed the required documentation and fees for the application process
- I have attached my child's previous school report
- I commit to paying all due fees in full and on time

|             |                      |                          |                      |
|-------------|----------------------|--------------------------|----------------------|
| Signed:     | <input type="text"/> | Relationship with child: | <input type="text"/> |
| Print name: | <input type="text"/> | Date:                    | <input type="text"/> |

**Office Use Only**

|                    |                      |                  |                      |
|--------------------|----------------------|------------------|----------------------|
| Date received      | <input type="text"/> | Details of ID    | <input type="text"/> |
| Admin fee paid?    | <input type="text"/> | Date paid        | <input type="text"/> |
| Accepted?          | <input type="text"/> | Start date       | <input type="text"/> |
| Confirmation given | <input type="text"/> | Teacher informed | <input type="text"/> |
| Comments           | <input type="text"/> |                  |                      |