

Ayesha Siddiqa Girls School

Pupil Application Form

- Complete this form in English and in **blue** or **black** ink using **BLOCK CAPITALS** and returned to Ayesha Siddiqa Girls School, 165-169 The Broadway, Southall, Middlesex, UB1 1LS
- All sections must be completed to avoid any delay
- Please write overleaf or on another sheet, if additional space is required
- The Application form must be signed by Parent/Guardian
- A non-refundable registration fee of £50 must be paid with this form

1. Personal Information of Pupil

First Name	Date of Birth
Middle Name	Age
Surname	Nationality
Full Address	
.....	
..... Post Code	
Home Tel	Mobile Number
Religion	Sect

OFFICE USE ONLY

Received Date:	Applicant No
Registration Fees Received:	
Interviewed	Admitted
Notes (comments etc)	

2. Language and Other Support

Does your child speak fluent English? Yes No

Can your child speak fluent Arabic? Yes No

What other languages does your child speak?

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Can your child read the Holy Quraan? Yes No

Does your child need additional learning assistance? Yes No

If Yes, please provide details

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Does your child suffer from behavioural problems that might affect their learning?

Yes No If Yes, please provide details

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3. Medical History

Medical Information about Your Child

(a) Does your child have any conditions requiring medical treatment, including medication?

YES/NO If YES, please give brief details (including doses and times)

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(b) Please outline any special pain/flu relief medication your child may be given if necessary

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(c) Is your son/daughter allergic to any to medication or foods? **YES/NO** If YES, please give brief details

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(d) When did your child last have a tetanus injection?

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(e) Does your child have any phobias? **YES/NO** If YES, which ones?

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(f) Please provide G.P. details

Name

Address

.....

Telephone

4. PREVIOUS EDUCATION

School Name

Address

.....

Telephone Year in School

Head Teacher Form / Class Teacher

Madrasah (or other islamic education).....

Address

.....

Telephone Year in School

Head Teacher Teacher

5. PARENT INFORMATION

Father (Guardian):-

First Name Date of Birth

Middle Name Age

Surname Nationality

Full Address (if different from pupil address).....

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..... Post Code

Occupation

Daytime Tel Mobile Number

Evening Tel

Email Address

Religion Sect

Mother (Guardian):-

First Name Date of Birth

Middle Name Age

Surname Nationality

Full Address (if different from pupil address).....

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..... Post Code

Occupation

Daytime Tel Mobile Number

Evening Tel

Email Address

Religion Sect

6. EMERGENCY CONTACT (other than parents)

First Name Title

Middle Name Relationship with pupil

Surname

Full Address

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..... Post Code

Occupation

Daytime Tel Mobile Number

Evening Tel

Email Address

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8. DECLARATION BY PARENT / GUARDIAN

Agreement

1. I accept to follow ALL the rules and regulations of the School.
2. I fully agree that my child (whose details are in section 1 of this form) will be subjected to, and I will fully comply with, the rules and regulations of the School.
3. I understand that my child must adhere to Islamic *Shariah*.
4. I agree not to interfere with the conducting of the School.
5. I agree not to approach or intimidate the class teacher or any other staff of the School.
6. I agree to hold myself responsible for any damages or injuries that may be caused by my child.
7. I agree to pay the non-refundable registration fee.
8. If my child is entered for the School, I agree to pay the annual School fees of my child and the deposit for text books.
9. I indemnify the School against any damages, injuries etc., during my child's attendance at the School.
10. I have read and understood or had explained to me all the questions on the form.
11. The information I have given on this form is true and accurate to the best of my knowledge. I understand that my application will be disqualified if I have knowingly given false information. I also agree to inform the School of any changes in the information provided on this form.

Full Name

Relationship with pupil (in section 1)

Signature Date