

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Iqra School

PUPIL APPLICATION FORM

Reception Age 4-5 Year 3 Age 7-8
Year 1 Age 5-6 Year 4 Age 8-9
Year 2 Age 6-7 Year 5-6 Age 9-11

FOR OFFICE USE ONLY

Submission Date: _____

Interview Date: _____

Start Date: _____

Registration Fee Paid: _____

PERSONAL INFORMATION

First Name(s): _____	Last name: _____
Date of Birth _____ day _____ month _____ year	Age: _____
Boy / Girl: _____	Country of Origin: _____
Address: _____	
_____ Post code: _____	
Home Telephone: _____	Emergency No. _____
Mother's Name: _____	Father's Name: _____
Mother's Address (if different from above) _____	Father's Address (if different from above) _____
_____ Post code: _____	_____ Post code: _____
Mother's Work Tel: _____	Father's Work Tel: _____
Mother's Mobile: _____	Father's Mobile: _____
Mother's E-mail: _____	Father's E-mail: _____
Marital Status (Married, Separated, Divorced): _____	
Please give the names of other adults who are authorised to collect your child from school: _____	
Language spoken at home: _____	Other languages spoken: _____
How many children in the family: _____	Position of child in the family (please circle): 1 2 3 4 5 6 7

EDUCATION

Please name the nursery or schools that your child has attended previously, including dates:	
1. _____	Date: from ___ / ___ / ___ to ___ / ___ / ___
2. _____	Date: from ___ / ___ / ___ to ___ / ___ / ___
Please give the names of any surahs of the Quran that your child can recite in Arabic: _____	

Does your child need any extra help with reading and writing? If so, please state: _____	

Has your child been statemented for Special Educational Needs? If yes, please give details: _____	

PLEASE CONTINUE OVERLEAF

MEDICAL INFORMATION

Doctors Name: _____ Telephone Number: _____
Address: _____
_____ Post code: _____
Please list any illness/diseases that your child has suffered from (chicken pox, measles, etc.): _____

Please list any allergies your child may suffer from, mental or physical (e.g. dairy products, eczema, etc.): _____

What vaccinations has your child had? (e.g. MMR, whooping cough): _____

BEHAVIOUR/CHARACTER

Briefly describe your child's character and behaviour: _____

Please tick any of the following that applies to your child: Aggressive behaviour Dyslexia Slow learner Shy
Reading difficulties Writing difficulties Other , please state: _____
Have any concerns ever been expressed about any aspect of your child's development by your doctor, health care advisor or health visitor?
If yes, please specify: _____

Have any developmental assessments been carried out on your child? (e.g. speech therapy, fine/gross motor skills hearing: _____

Do you have any concerns about your child's development (social, emotional, academic)? If yes, please specify: _____

I declare that the above information is correct to the best of my knowledge.

Signed: _____ Print Name: _____ Date: _____

Before returning this form, please ensure that you have:

- Completed all relevant sections of this form***
- Attached a proof of address (photocopies acceptable)***
- Attached a date of birth certificate (photocopies acceptable)***

Please send completed application form to:

Iqra School, 3-5 Gresham Road, Brixton, London, SW9 7PH Telephone: 020 7501 9710