

Al-Madani Educational Trust
Al-Ashraf Primary School
Admission Form

For office use only
Appln. No.

This application will be considered by the School Governors in accordance with the school admission policy, and if accepted, will be subject to the following conditions:

1. Parents/guardians must agree to work in partnership with the staff and governors in the education of their children.
2. All members of the education partnership – parents, staff and pupils – undertake to ensure that children abide by the rules and regulations of the school as determined by the Head Teacher & Governors.

Please complete the following in BLOCK CAPITALS

Full name of child: _____	Date of Birth: _____
Address: _____	Post Code: _____
Contact telephone number(s): (Home) _____ (Work) _____	
(Mobile 1) _____ (Mobile 2) _____	
Name of Father: _____	Occupation: _____
Name of Mother: _____	Occupation: _____
Email address(s) : _____	(capitals not necessary)

Previous Nursery/School: _____	Telephone number: _____
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Name and address of your family doctor: _____
_____ Surgery Telephone number: _____
Does your child suffer from any allergies, illnesses, disabilities, etc.? If so, please give full details here _____

Please provide additional emergency contact details	
Name: _____	Family relationship: _____
Contact telephone number(s): _____	

Are there any other matters you think the school should know about in the interests of your child's welfare and safety while in school? Yes/No If yes, please give full details overleaf.
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By signing this form you are agreeing to enrol your child into Al-Ashraf Primary School and give your consent that he/she is allowed on supervised field visits under appropriate school guidance and controls.		
Parent/Guardian:		
Name: _____	Signature _____	Date: _____

Please kindly hand this form with your (non refundable) registration fee of £100.00 to the Al-Ashraf Primary School Admin Office and please request a confirmation slip. Thank you. Note, this form is only valid when accompanied with the registration fee.

FOR OFFICE USE ONLY below this line

Date received: _____

Admin Fee Paid: Yes/No

Date admitted: _____

Year Group Applied For: _____

Al-Ashraf Primary School Admission Confirmation Slip



To be returned to Parent/Guardian.

Childs Name: _____ Date received: _____ Admin Fee Paid: Yes/No

Name of Administrator: _____ Signature: _____

Al-Ashraf Primary School is now able to offer significant discount to parents who have a sibling¹ at Al-Ashraf Primary School or Al-Ashraf Secondary School for Girls. Details of discounts available can be found on our school admission policy.

In order to make sure your children qualify for the correct discounts please include all relevant details below.

Name of Sibling	Name of School	Date of birth	Current fees

Home Address :

Please note inaccurate or missing details may result in pupils failing to qualify for the correct discount.

Parent/Guardian:

Name: _____ Signature _____ Date: _____

¹ Sibling is defined as a (full/adopted/half/step) brother or sister living at the same address where that child will be on the school register in the academic year for which the admission is requested.