



In the Name of Allah, the Most Merciful, the Most Kind

Al-Aqsa Schools Trust

Application Form



Child's Surname:	Date of Birth:	Boy or Girl:
Child's First Name:	Country Of Birth:	Mother Tongue (Language):
Child's Middle Name :	Town Of Birth:	
Likes To Be Known As:		
Current Address:		
Post Code:		
Name of Mother/Guardian: Mrs/Miss/Ms/Dr.	Name of Father/Guardian: Mr/Dr.	
Main Contact: YES / NO	Main Contact: YES / NO	
Occupation:	Occupation:	
Home Telephone Number:	Home Telephone Number:	
Mobile Number:	Mobile Number:	
Email Address:	Email Address:	
Address If different from Above:	Address If different from Above:	
Emergency Contact Details:		
Name:		
Address:		
Home Telephone Number & Mobile Number:		
Relation To Child:		
Future Address -Only if different from the above:		
Post Code:	Date Of Move (If Known):	

Name(s) and year group of siblings who currently attend Al Aqsa School:	
Previous school attended (Name & Address):	
Name & address of family doctor:	
Telephone Number:	
Health Conditions Allergies / Dietary Conditions: (Please specify)	
Medications: (Please Specify)	
Disabilities: (Please Specify)	

<u>Any Other Important Information / Notes You Need To Inform Us About:</u>

Ethnicity (please tick the "ethnic background" that you think most suits your family)

White, British <input type="checkbox"/> White, Irish <input type="checkbox"/> Any other White background <input type="checkbox"/> Traveller or Irish Heritage <input type="checkbox"/> Gypsy / Roma <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Asian or Asian British, Indian <input type="checkbox"/>	Asian or Asian British, Pakistani <input type="checkbox"/> Asian or Asian British, Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Black or Black British/ Caribbean <input type="checkbox"/> Any other black background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background <input type="checkbox"/> Any other mixed background <input type="checkbox"/>
---	---

Signed: _____ Date: _____

For Office Use Only		<i>Assessment Results Obtained</i>
<i>Birth Certificate provided</i>		<i>Registration fee and deposit paid</i>
<i>Previous school report provided</i>		<i>Date started</i>