



## Nursery Application Form

Preferred Start Date [tick]	<input type="checkbox"/> Immediate	<input type="checkbox"/> _____ month/year
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### 1. Student Details

Surname			
Forename			
Address			
Postcode		Home Telephone	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Permanent UK Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth		Age [years/months]	
Language/s		Ethnicity	

### 2. Previous/Current School Details

Date: From	To	Nursery/School Name

### 3. Family Details

Parent/Guardian			
Telephone	Home	Work	Mobile
Email			

Please provide details of your other children

Name	Age	Nursery/School Currently Attending

#### 4. Medical Details

Does your child have any medical conditions, illnesses, or allergies that the school should be made aware of? If yes, please give details:

Yes   
No

#### 5. Special Educational Need

Has your child been identified as having any special educational need? If yes, please give details:

Yes   
No

#### 6. Emergency Contacts

	Contact 1	Contact 2
Name and Relation		
Telephone		

#### 7. Doctor/Dentist Details

	Name	Address/Telephone
Doctor		
Dentist		

#### 8. Other Information

Please provide any other information such as your child's strengths and weaknesses. This will assist us in providing the right support for your child.

#### 9. Declaration

1. I have read the prospectus (available at [www.al-ikhlaas.org](http://www.al-ikhlaas.org)) and agree with the school's ethos, rules and regulations and fee requirements.
2. In the event of not being able to make direct contact with parents, I give permission for my child to receive medical treatment in the instance of an emergency.

Signature		Date	
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For office use only

Offer made	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date started		
Offer accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date withdrawn		Processed by