



**Primary School
Application Form**

School Principal: Dr. Arshad Jamal



For administrative use only

Name of Child:.....

Application received on:Report enclosed: Yes No

Date of Assessment / Interview: Date of Admission:.....

Action Taken: 1) Admitted 2) Waiting List 3: Apologised

Admission number: Class:.....

If on waiting list, date of proposed admission:.....

Deposit Paid: Yes No Amount Paid: £ Date:.....

**117 Tennyson Road, Luton, Beds LU1 3RR
DCSF No. 821/6011 - CHARITY No. 1123914
Tel: 01582 – 518800 Fax: 01582 - 512191**

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Personal Details

Name of Child:.....

Date of Birth: Gender: Boy / Girl

Age of Child on 1st September 2008:

Address.....

..... Postcode:.....

Telephone (with STD):

Nationality: Place of Birth:

Religion: Number of children in family:

Name of Father / Guardian:.....

Country of Origin:

Address if different from above:.....

..... Postcode:

Telephone (home): (Mobile):

Name of Mother / Guardian:
.....

Country of Origin:

Address if different from above:.....

..... Postcode:

Telephone (home): (Mobile):

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Last School / Nursery Attended

Name of School / Nursery:.....

Address:.....

..... Telephone:

Dates Attended – From: To:

Form / Class: Name of Head Teacher:.....

Please enclose a copy of the last school report

About Your Child

Does your child speak English fluently? Yes No

If your child speaks another language, please describe:

.....

Does your child recite the Qur'an: Fluently Yes No

How much of the Qur'an has your child memorised? *List the Surah's below*

.....

Does your child attend a Mosque Yes No

Name and Address of Mosque:

.....
.....

Does your child have any learning difficulties or special needs? Yes No
If yes, please describe:

.....
.....
.....

Please use the space below to tell us any other additional information about your child:

(use a separate sheet if necessary)

.....
.....
.....
.....
.....

Information In Case of Emergency

Place where Parents / Guardians can be contacted during the day

Name of Parent / Guardian:

.....

Workplace Address:.....

.....Postcode:

Work Telephone:

Please give details of someone whom we could contact if your child should become ill during the day and we cannot contact you

Name:Telephone:

Address:.....

.....Postcode:

Relationship to Child?

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Medical Information

Name of Child's Doctor:.....

Name of Surgery and Address:.....

Postcode: Telephone:.....

Does your child suffer from any illness, disability or allergy? Yes No
If Yes, please give further details:.....

Does your child have any special dietary requirements? Yes No
If Yes, please give details, particularly of the foods to avoid:.....

Does your child wear glasses? Yes No

Does your child wear a hearing aid? Yes No

Will your child be bringing any medication to school? Yes No

If Yes, please give details:.....

Any other important medical information?
.....
.....

*I / We hereby give permission for any member of school staff to administer First Aid or take my child to hospital should the need arise.
I / We will not hold the school responsible for the implementation of the above.*

Signature: Date:.....

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Declaration

I apply for admission of my child to this school and certify that all the above details are correct to the best of my knowledge. I undertake to honour in full the requirements of my child's agreed study programme, and all School Rules, Regulations and Policies.

I have returned this completed form with a **£100 registration fee** to reserve a place for my child. (non-refundable & not part of the tuition fees)
(Cheques payable to: 'Oakwood primary school')

I agree to pay the school fee at the beginning of each term in full. I acknowledge and agree that all monies paid to Oakwood primary school are non-refundable. In the event that my child is withdrawn from the school or taken on an extended holiday during a school term, I agree to pay the school fee in full for that term.

Full Name (please print):.....

Signature of Parent / Guardian: Date:

Please return completed application form to:
OAKWOOD EDUCATION, 117 TENNYSON ROAD, LUTON, BEDS, LU1 3RR

Thank you for your co-operation.
Please remember to keep us informed of any changes in your circumstances so that records can be updated.
All personal information is kept strictly confidential and will only be passed on in an emergency or official situation.