

Sevenoaks Islamic School (SIS)

2 Littlecourt Rd, Sevenoaks TN13 2JG

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Tel 07702 454740; 07960 826310 & 07956 909414

ADMISSION FORM

Please complete all sections in CAPITAL letters and black ink.

Student information

Surname			
First Name			
Date of Birth		Male / Female	
Home Address			
Post Code		Home Telephone	

Parents/Guardians information

Father / Guardian 1		Mother / Guardian 2	
Surname		Surname	
First Name		First Name	
Address (if different from the above)		Address (if different from the above)	
Mobile Number		Mobile Number	
Email Address		Email Address	
In an emergency contact me: First / Second		In an emergency contact me: First /Second	
Alternative emergency contact		Name	
		Telephone	
		Relation to child	

**Optional information*

School Details

Name and address of the school your child currently attends:
Post Code:
Present Year at the School
Reception / Yr 1 / Yr 2 / Yr 3 / Yr 4 / Yr 5 / Yr 6 / Yr 7 / Yr 8 / Yr 9
Does your child have any special educational requirements or is S.E.N. registered/dyslexic?
Is there any history of social services involvement?
Is there any behavioral history that we need to be aware of?

Medical Details

Please give details of any current medical conditions your child has <i>(If necessary attach additional information of any allergies/illness)</i>
GP Contact details:
<u>Emergency Treatment Release</u> If emergency treatment is required and none of the authorised adults listed on this form can be contacted, I hereby authorise the staff of SIS to take necessary action.
Name :
Signature :

Security

Password (If sending another adult to collect your child):
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Data Protection: I consent to Sevenoaks Islamic School (SIS) to hold our personal information.
SIS will NOT pass it to any third party.

Communication:
I consent to Sevenoaks Islamic School sending me School information via email and SMS.

Note: Please provide copy of child 's proof of ID or birth certificate with the application and a copy of last school report.

I have read the rules and regulations of the School and fully agree to abide by them.

Signature of Parent/Guardian: Date: /...../.....

For Office use only

Application received on		Application received by	
Child ID	Birth Certificate/ Passport		
School report received?			
Fees paid		Fees Balance / Arrangement	
Class admitted to		Group admitted to:	
Admitted by		Date admitted	
Comments:			