



An Independent Islamic School for pupils aged 3-16

86 CLIFTON STREET, OLD TRAFFORD, MANCHESTER, M16 9GN.

Tel : 0161 872 1516

Email : admin@afifahschool.co.uk Website : www.afifahschool.co.uk

AFIFAH SCHOOL ENROLMENT FORM

CHILD'S DETAILS	
Forename:	Surname:
Date of Birth:	Gender: M / F
Address:	
	Postcode:
Place of Birth:	Nationality:
Languages spoken:	Religion:
ETHNIC ORIGIN	
Please choose from the following:	
White – British <ul style="list-style-type: none"> British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy / Roma <input type="checkbox"/> Any other white background <input type="checkbox"/> Please state _____	Arab or Arab British <ul style="list-style-type: none"> Libyan <input type="checkbox"/> Saudi Arabian <input type="checkbox"/> Syrian <input type="checkbox"/> Any other Arab background <input type="checkbox"/> Please state _____
Asian or Asian British <ul style="list-style-type: none"> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Please state _____	Chinese or Chinese British <ul style="list-style-type: none"> Chinese <input type="checkbox"/> Any other Chinese background <input type="checkbox"/> Please state _____
Black or Black British <ul style="list-style-type: none"> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/> Please state _____	Mixed – Ethnicity Background <ul style="list-style-type: none"> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Please state _____
	Any Other Ethnic Background <ul style="list-style-type: none"> Other Ethnic Background <input type="checkbox"/> Please state _____
SIBLINGS ATTENDING AFIFAH SCHOOL	
Name:	Year group:
Name:	Year group:
Name:	Year group:

DETAILS OF FAMILY

Mother's/ 1 st Guardian's Name:	Father's/ 2 nd Guardian's Name:
Occupation:	Occupation:
Home Telephone number:	Home Telephone number:
Mobile number:	Mobile number:
Work number:	Work number:
Email:	Email:
Address (if different from child's):	Address (if different from child's):
Postcode:	Postcode:
Reason for a different address:	Reason for a different address:
Preferred method of contact: <ul style="list-style-type: none"> • Text <input style="width: 20px; height: 20px;" type="checkbox"/> • Email <input style="width: 20px; height: 20px;" type="checkbox"/> • Letter <input style="width: 20px; height: 20px;" type="checkbox"/> 	Preferred method of contact: <ul style="list-style-type: none"> • Text <input style="width: 20px; height: 20px;" type="checkbox"/> • Email <input style="width: 20px; height: 20px;" type="checkbox"/> • Letter <input style="width: 20px; height: 20px;" type="checkbox"/>

Do you wish to receive correspondence at both addresses if they are different? YES/NO

Who has Parental Responsibility for the child?

Marital status of biological parents: <ul style="list-style-type: none"> • Married <input style="width: 20px; height: 20px;" type="checkbox"/> • Widowed <input style="width: 20px; height: 20px;" type="checkbox"/> • Separated <input style="width: 20px; height: 20px;" type="checkbox"/> • Divorced <input style="width: 20px; height: 20px;" type="checkbox"/> • Single <input style="width: 20px; height: 20px;" type="checkbox"/> 	Please state living arrangements details: _____ _____ _____ _____
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EMERGENCY CONTACT DETAILS

If we need to contact somebody during the day time and there is nobody at the above addresses, please provide details of at least 2 friends/relatives as emergency contacts (please note telephone numbers should be landline)

Contact Name 1:	Relationship to child:
Address:	
Telephone number:	Mobile number:
Contact Name 2:	Relationship to child:
Address:	
Telephone number:	Mobile number:

COLLECTION ARRANGEMENTS (Primary School)

Please write the names of the people who are authorised to collect your child from the school(must be over 16 yrs of age) No child will be released to an unauthorised person

As an extra precaution you may use a password. Anyone collecting your child should be made aware of this. Please enter password:

TRANSPORT

Afifah School tries to organise better transport arrangements for their students. It is not guaranteed help however if you are interested in better transport arrangements then you can be added to our database to see if there is a match with other prospective parents from the same area.

How will your child(ren) travel to school? Walk / Car / Public Transport

If by car, are there any spaces for other students to travel in your vehicle (as long as that students parents agrees payment terms with you) Yes/ No

Would you be interested in car-pooling? Yes/No
(Car-pooling is sharing the car journey with others)

Would you be interested in using a school-approved minibus if it collected and dropped off students in your local area?

If yes, please suggest a Pick-up point?

If so what is your post code?

How much would you be willing to pay towards the cost on a daily basis?

DOCTOR'S DETAILS

Doctor's Name:

Surgery Tel No:

Surgery Address:

Post Code:

MEDICAL DETAILS

Has your child been immunised against the following? (please tick to indicate yes)

Diphtheria

Tetanus

Measles

Polio

Whooping Cough

Pneumococcal

HIBS

Does your child have any allergies?

Yes / No

If yes please give details:

Does your child have any ongoing health problems?	Yes / No	
If yes please give details:		
Please state any medication your child is taking.		
Has your child had any major illnesses/operations?	Yes / No	
If yes please give details:		
Has your child been in hospital recently?	Yes / No	
If yes please give details:		
Does your child have a disability?	Yes / No	
If yes please give details:		
Does your child have any sensitivities?	Yes / No	
If yes please give details:		
Does your child have a statement of Special Education Needs?	Yes / No	
If yes please give details:		
Does your child have any emotional needs?	Yes / No	
If yes please give details:		
Does your child have any special dietary requirements? Halal, Vegetarian, Gluten free	Yes / No	
If yes please give details:		
PARENTAL CONSENT		
PERMISSION FOR MY CHILD TO GO ON OUTINGS	Yes	No
I/we consent to taking my child, on routine outings and that it is my responsibility to inform them of any change in this decision.		
PERMISSION TO TAKE MY CHILD IN A VEHICLE	Yes	No
I/we consent to taking my child in their vehicle, I have been informed that the vehicle has a current MOT and tax and is road worthy. I understand that my child will be securely harnessed as appropriate in the vehicle at all times.		
PERMISSION TO TAKE MY CHILD ON PUBLIC TRANSPORT	Yes	No
I/we consent to taking my child on public transport when required for outings.		
PERMISSION TO ADMINISTER FIRST AID TREATMENT FOR MY CHILD	Yes	No
I/we consent to administer first aid treatment when required for my child prior to arrival at the hospital or doctor's surgery, if this means that such treatment saves distress, pain or even a life. I understand that I will be contacted immediately if this should arise, and that it is my responsibility to inform them of any change in this decision.		

PERMISSION TO SEEK EMERGENCY MEDICAL ADVICE AND OR TREATMENT FOR MY CHILD	Yes	No
I/we consent to seeking medical advice when required for my child, and emergency treatment may be given where necessary. I understand that I will be contacted immediately if this should arise, and that it is my responsibility to inform them of any change in this decision.		
PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION TO MY CHILD	Yes	No
I/we consent to administering prescription medication to my child when necessary. I will ensure that the medicine is in its original container, clearly labelled with my child's name on, the dosage and in date. I will always start my child on the medication at home at least 48 hours before returning to the childminder in case of any reaction.		
PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATION TO MY CHILD	Yes	No
I/we consent to administering non-prescription medication to my child where necessary. I understand that my consent will be sought on the day in question unless they have been unable to contact me and are strictly advised by a medical practitioner to administer such medication. I understand that I must inform them immediately if my child develops any allergies and it is my responsibility to inform them of any change in this decision.		
PERMISSION FOR MY CHILD TO MAKE PURCHASES FROM THE SCHOOL TUCK SHOP	Yes	No
I/we consent to my child to make purchases from the school tuck shop. I understand that it is the responsibility of my child to look after money that they have brought into school to spend in the tuck shop.		
PERMISSION TO ALLOW OBSERVATIONS ON MY CHILD	Yes	No
I/we consent to carry out and record observations on my child, in order for her to respond to her individual needs and plan activities to support her development. I understand that these observations are confidential and will be shared with only myself. However I do give permission for these to be shown to professionals such as Ofsted Inspectors, if requested.		
PERMISSION TO ALLOW PHOTOGRAPHS OF MY CHILD	Yes	No
I/we consent to taking photographs of my child. I understand these will only be used for recording observations, sharing with relevant professionals and publicity.		
PERMISSION FOR MY CHILD TO ACCESS THE INTERNET	Yes	No
I/we give permission for my child to access the Internet. I understand that the school will take all reasonable precautions to ensure that pupils cannot access inappropriate materials but I appreciate that this is a difficult task. I understand that the school cannot be held responsible for the content of materials accessed through the Internet. I agree that the school is not liable for any damages arising from use of the Internet facilities.		

TERMS AND CONDITIONS

1. You certify that you are the person with parental responsibility for the child named in the application and that the information given is true to the best of your knowledge and belief. You also understand that any false or deliberately misleading information given on this application and/or supporting papers, or any relevant information withheld, may render this application invalid and could lead to the withdrawal of an offer of a school place.
2. It is your responsibility to inform the school if any of the above details change.
3. Payments of school fees are required one month in advance, whether your child does or does not attend. Payments should be received by the 15th of every month.
4. A four weeks notice in writing must be given, if you intend of withdrawing your child out of the school. School text books must be returned or you will incur a charge.

DECLARATION

Parents/Guardians are asked to read and sign the statement below as an expression of the shared commitment.

I have read and understood and agree to abide by these Terms and Conditions and all of Afifah School's policies and procedures.

Parent/Guardians Name:..... Date Signature:.....

Relationship to Student:..... Date:

OFFICIAL USE ONLY

Date Enrolment Form received:

By:

Is the enrolment form complete

Yes / No

Has the child been added to the Admission Register

Yes / No

Has the child's details been added to KSM

Yes / No

Fees; £ pa plus admission fee of £75