



An Independent Islamic School for pupils aged 5-16

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Registered Charity No: 1120284 Company No. 5512936

APPLICATION FOR ADMISSION

APPLYING FOR		(Office Use Only)
Primary School ☐	High School for Girls ☐	Date application received:
Preferred Start Date:/...../ 20.....		Proposed Start date:
CHILD'S DETAILS		Year Group:
Forename:	Surname:	Entrance Test results:
Date of Birth:	Gender: Male / Female	Eng:
Address:		Maths:
Postcode:		Outcome: O/Co/R
Nationality:	Ethnic Origin:	Comments:
Languages spoken:	Religion:	
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):	
Who has Parental Responsibility for the child?		
SIBLINGS ATTENDING AFIFAH SCHOOL		
Name:	Year group:	
Name:	Year group:	
Name:	Year group:	
HEALTH		
Doctor's Name:	Surgery Tel No:	
Surgery Address:		
Post Code:		
Details of any Health Issues/Allergies (including details of any medication):		

EDUCATION

Name of Current/Previous School:

Address:

Post Code:

Tel No:

Email:

UPN (Unique Pupil Number):

What Year is the child currently studying in (please circle): Reception 1 2 3 4 5 6 7 8 9

Are Social Services/Local Authorities/Police involved in any way with the students' well-being?

YES / NO - If Yes, please provide details?

Has your child received a suspension/exclusion from any school in the past? **YES / NO** - If Yes, please provide details?

Reason for transferring to Afifah School:

Special Educational Needs:

Has your child been assessed for any educational or further support needs? (eg. EHC Plan, SEN Support, use of visual/hearing aid etc.) **YES / NO** – If Yes, please provide details:

Continued: If not, do you believe your child may have additional needs that have not yet been diagnosed? (This includes any cognition and learning; speech and language; emotional, social and mental health; and/or physical medical needs.) **YES / NO** - If Yes, please state your concern:

Please describe any Islamic Education the student has received:

DOCUMENTS REQUIRED

Checklist - Have you attached the following documents to the application form?

- ☐ Identification page from a current valid UK passport
(If not a UK citizen, we require proof of lawful entry and right to remain in the UK)
- ☐ Birth certificate
- ☐ Most recent academic report from the student's current school
- ☐ Proof of address (Utility Bill, Letter from Government Department etc)
- ☐ Proof of Key Stage 2 results (High School applicants)/Proof of Key Stage 1 results (Primary School applicants)

DECLARATION

I hereby declare that the details above are true and correct to the best of my knowledge. I understand that Afifah School has the right to reject my application if any of the information is incorrect or undeclared.

☐ I consent to Afifah School keeping my child's data in accordance with the GDPR

Please note there is a non-refundable £48 Entrance exam fee.

The Entrance Test will be age appropriate and will assess the children's levels in English and Maths. In order to gain admission, the child must achieve a minimum percentage in each paper. In any event, places are subject to availability.

If the applicant is successful in gaining admission, there will be a £180 admission fee and a £540 deposit payable before the student joins Afifah School.

Parent/Guardian Name: Signature:

Relationship to Student: Date: