

Al-Lawh Academy Admissions Form

*Please complete all sections in CAPITAL letters and black ink.

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

Parents/Guardians of Pupil

Relationship		Relationship	
Surname		Surname	
First Name		First Name	
Address (if different from the above)		Address (if different from the above)	
Occupation		Occupation	
Daytime Telephone		Daytime Telephone	
Other Telephone		Other Telephone	
Email Address		Email Address	
In an emergency contact me: First / Second		In an emergency contact me: First / Second	
Alternative emergency contact		Name: Telephone:	

Security

Password (If sending another adult to collect your child)	Password (<i>If sending another adult to collect your child</i>)	

School Details

Name and address of the School your child currently attends		
Post Code		
Present Year at the School, e.g. Y2, Y5, Y7 or Y4		
Please give details of any current medical conditions (inc. allergies) and/or any special educational needs that your child may have. (If necessary attach additional information)		

*Signature of Parent/Guardian:

Date:

*I have read and signed the Home-School Agreement and agree to abide by the contents.

For Office use only

Application received on	Application received by	
Fee paid	Fee amount	
Comments:		