



## Application for Admission

Academic Year: 20\_\_\_\_ / 20\_\_\_\_ in Class: \_\_\_\_\_

**PLEASE USE CAPITAL LETTERS TO FILL IN THIS FORM**

### **Child's Details**

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Origin: \_\_\_\_\_

Child's email address (optional): \_\_\_\_\_

Name & Full Address of Previous School: \_\_\_\_\_

Post Code: \_\_\_\_\_

### **(Parent 1) – Main School Contact**

Title: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Full Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Home Number: \_\_\_\_\_  **(Please tick one emergency number)**

Work Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ **(needed to create your portal account)**

Nationality: \_\_\_\_\_ Origin: \_\_\_\_\_ Occupation: \_\_\_\_\_

### **(Parent 2)**

Title: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Full Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

**In the event that neither parent is available, please provide the following details for an emergency contact.**

Home Number: \_\_\_\_\_  Mobile Number: \_\_\_\_\_

Work Number: \_\_\_\_\_  Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

E-mail address: \_\_\_\_\_ **(needed to create your portal account)**

Nationality: \_\_\_\_\_ Origin: \_\_\_\_\_ Occupation: \_\_\_\_\_

Child lives with:      Parent 1       Parent 2       Both       (*Please tick one*)

The Parents of the child are: (*please tick as appropriate*)

- Married
- Separated
- Divorced
- Living abroad
- Deceased

Please list below your child/children in attendance at Al-Sadiq and Al-Zahra Schools

	<b>Name</b>	<b>Date of Birth</b>	<b>Class</b>
1.			
2.			
3.			
4.			

### **Declaration**

Note: Any deliberate incorrect Statement made on this application will disqualify the candidate. I certify that the information given by me in the foregoing application is correct.

I also agree that full tuition fees will be paid on time, to enable my child/children to continue education in this School.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Al-Zahra School**

134 Salusbury Road, London NW6 6PF

Telephone: 020 7372 7706

e-mail: [alzahra@asazs.co.uk](mailto:alzahra@asazs.co.uk)

# **Admission Requirements**

1. Birth certificate & passport
2. Two recent passport size photographs (no more than 6 months old)
3. Proof of address; driving licence, or a bank statement or utility bill which is less than 3 months old
4. Previous school's report
5. SAT's results (applicants to secondary school only)
6. £110 registration fee (non-refundable)

## **Forms (fully completed) as follows:**

1. Admission, Registration & Tuition Fees Policy
2. Fee Payment Agreement
3. Medical
4. Consent for Photography and Images of Children
5. Home School Agreement

## **Fees**

	<b>2020/21 Fees Per Term</b>	<b>2020/21 Total Fees</b>
Reception	£1100	£3300
Primary	£1400	£4200
Secondary	£2100	£6300

# Admission, Registration & Tuition Fees Policy

A child may be registered for the school by completing the application forms and returning them with a non-refundable deposit of **£110**. All new applicants enrolling for that academic year **MUST** register on or before the 1<sup>st</sup> August of that year. Should the child be too young or places not be available at that age, then the child's name will be added to the waiting list.

Tuition fees are payable on a termly basis. The education at the schools is subsidised by Al-Khoei Foundation, to keep the rates to a minimum.

- Should a child need to leave the School during the term, a full term's notice **in writing** must be received or full term's fees must be paid in lieu of leaving.
- Should the Principal deem it necessary for a child to be removed from School by virtue of bad behaviour etc., then outstanding fees will be owed and no refund will be possible.
- Those who are appearing for GCSE exams will have to pay the fee applicable for each subject they are to sit.
- Fees for the School must be paid as follows:
  1. 1<sup>st</sup> Term - August of current year
  2. 2<sup>nd</sup> Term - December of current year
  3. 3<sup>rd</sup> Term - March of the following year
- Fees once paid are non-refundable.
- Unpaid cheques that are returned by the bank will incur a surcharge of £50 and all payments thereafter will have to be made in **CASH** only.
- Your child will not be allowed in school if fees are not paid on time and he/she will be removed from the Register.

Mrs M Jaffer  
Admissions officer

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I,  Parent /  Guardian (please tick as applicable) of:

\_\_\_\_\_ (child's name) agree to abide by all the above regulations.

Full Name of  Parent /  Guardian (please tick as applicable).

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Fee Payment Agreement

## Terms and Condition

To:

The Principal

I, the undersigned  Parent /  Guardian of (please tick as applicable)

(child's name) \_\_\_\_\_

agree to abide by the terms and conditions of the School Fee Payment Agreement.

I understand that payment of £\_\_\_\_\_ must be made on time to allow continued education of my child / children and I also understand that the school Admission, Registration and Tuition Fees Policy clearly states that: **"Should a child need to leave school for any reason whatsoever, a full term's notice IN WRITING must be received or a full term's fees must be paid in lieu of leaving"**.

**Fees once paid are non-refundable.**

I also understand that if the fees are paid late by me, I will be charged £75 by the school for each and every late payment made for each child I pay late for. I agree to pay this fee in full every time without delay.

**Cheques that are returned unpaid (bounced) will incur a £50 surcharge and all payments thereafter will have to be made in CASH only.**

Full Name of  Parent /  Guardian (please tick as applicable).

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Medical Form

The information requested below is **extremely important** and will be used in case a medical emergency occurs during the school day.

## Child's Details:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Current Address:

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## Medical Information:

Child's Immunisations are current: Yes  No  (please tick)

Does your child suffer from any of the following medical conditions? If so, please tick. If your child has none of these conditions, please tick N/A .

Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anxiety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hearing difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bladder/Kidney problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Low blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Motion sickness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nose bleeds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fainting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sensitive skin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Frequent infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other: _____		

If you have answered **YES** to any of the above, please provide brief details below including any medication that your child is currently taking.

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**Parent/Guardian Contact Information:**

**(Please ensure all the details below are completed).**

**1<sup>st</sup> Contact**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**2<sup>nd</sup> Contact**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**GP Details:**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Consent Declaration:**

I undertake to inform the school as soon as possible of any changes in the medical or personal circumstances.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Meeting to be arranged with Medical Officer on: Date: \_\_\_\_\_

Copy IHCP attached and filed. Date: \_\_\_\_\_

Medication received and stored. Date: \_\_\_\_\_

Review date if necessary. Date: \_\_\_\_\_

# Medical Consent Form

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

1. I give permission for the school staff to act in case of a medical emergency (First Aid) where any delay in getting my signature is considered by a doctor to endanger my child's health and safety.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

2. I give permission for my child to be given Calpol or similar medication (i.e. Paracetamol) in case of an emergency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

3. I understand that all the information I have provided will be treated as confidential. I also understand that if a matter of safeguarding arises, the school may need to share aspects of information regarding my child without my consent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# Consent for Photography and Images of Children

During your child's life at the school, we may occasionally wish to take photographs of activities that involve your child. The photographs may be used for displays, publications such as our school prospectus or in other printed publications that we produce, as well as on our school website.

Before taking any photographs of your child we need your permission. Please note that the information requested below is very vital and will remain confidential.

## **Child's Details:**

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Gender: Male  Female

(Please tick as applicable)

- I allow my child to be photographed: Yes  No   
(please tick as applicable)

Full Name of:  Parent /  Guardian: \_\_\_\_\_  
(please tick as applicable)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Home School Agreement

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## The Family will make sure that their child:

- arrives to school on time by 8.50 a.m. and subsequently be picked from school on time (3.35 p.m. primary and 3.40 p.m. secondary)
- attends school without taking leave during term time
- is properly equipped with school uniform and other essentials
- shows due respect to members of staff, other pupils and school property

## I will:

- email or phone school by 9.a.m for absences/lateness giving reason
- abide by all school policies including behaviour policy and attendance policy
- check emails sent by school daily
- support my child in homework and other opportunities for home learning
- pay fees in full and all other incurred expenses including fines promptly
- attend parents evening regularly

Parent /  Guardian signature: \_\_\_\_\_  
(please tick as applicable)

## The School will:

- encourage children to do their best at all times
- treat all children fairly
- provide information about school activities and what children will be taught each term
- let parents know of any concerns or problems that affect their child's work or behaviour
- provide a happy, safe working environment
- encourage children to take care of their surroundings and equipment

Principal's signature \_\_\_\_\_

## The child will keep the Schools golden rules:

- Do** be gentle, **don't** hurt anybody
- Do** be kind and helpful, **don't** hurt peoples feelings
- Do** be honest to people, **don't** cover up the truth
- Do** listen to people, **don't** interrupt
- Do** work hard, **don't** waste time
- Do** look after property; **don't** waste or damage things

Child's signature \_\_\_\_\_

## Together we will:

- Support children's learning to help them achieve the best
- Endeavour to raise and maintain children's high self esteem
- Encourage the children to keep the schools golden rules
- Encourage the children to keep the schools behaviour codes
- Encourage everyone to be proud of our school in the community