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Application Form

**For office use only**

Name of child: ……………………………………………………………………… D.O.B: ……………….…………..

Application received on: …………………………....… Registration fee paid: .……………….………………..

Waiting list class:………………………………………………………………………………………………………….

Sibling in school: Yes No Sibling on Waiting List: Yes No

MMPS MIHSG KD

**All information given will be held in line with GDPR regulation**

**Personal Details**

Click here to enter text.

Name of Child:

Click here to enter a date.

Date of Birth: Gender: Girl[ ]  Boy [ ]

Click here to enter text.

Click here to enter text.

Religion: Nationality:

Click here to enter text.

Address:

Post Code:

Click here to enter text.

Click here to enter text.

Click here to enter text.

Telephone No:

Click here to enter text.

Click here to enter text.

Name of Mother/guardian: Email:

Click here to enter text.

Contact Number:

Click here to enter text.

Click here to enter text.

Name of Father/Guardian: Email:

Click here to enter text.

Contact Number:

**Are there any siblings already on the MMPS waiting list?:** Yes[ ]  No [ ]

Names of these:

Click here to enter a date.

Click here to enter text.

1: D.O.B:

Click here to enter a date.

Click here to enter text.

2: D.O.B:

**Are there any siblings already at MMPS?: Yes** [ ]  **No** [ ]

Names of these:

Click here to enter text.

1:

Click here to enter text.

2:

Click here to enter text.

3:

**Does your child have any sisters or brothers at the following schools?:**

Click here to enter text.

KD Grammar School for Boys: Yes [ ]  No [ ]  How many?

Click here to enter text.

Islamic High School for Girls: Yes [ ]  No [ ]  How many?

**Last School / Nursery Attended/ing**

Click here to enter text.

Name of School/Nursery:

Click here to enter text.

Address:

Click here to enter text.

Phone number:

Click here to enter text.

Current Year Group:

**About The Child**

Is English the first language? Yes[ ]  No [ ]  If No, please provide the Home/First language below:

Click here to enter text.

Does your child have any special dietary needs? Yes [ ]  No [ ]  If Yes, please provide information below:

Click here to enter text.

Parents must inform the school of any known or suspected specific learning, behavioural or physical difficulties that have been identified previously.

Click here to enter text.

How did you hear about MMPS? (e.g. leaflet, word of mouth etc…)

Click here to enter text.

**Information in case of Emergency**

Please provide an emergency contact in case we are unable to contact the Parents/Guardians.

Click here to enter text.

Name:

Click here to enter text.

Tel:

Click here to enter text.

Relationship to child:

I/We hereby give permission for any member of the school staff to administer First Aid or take my child to the hospital should the need arise, however, I/We will not hold the school responsible for the implementation of the above.

Click here to enter text.

Signature:

**Declaration**

1. I/ We apply for admission of my child to this school and certify that all the above details are correct to the best of my / our knowledge and I / We undertake to honour in full the requirements of my child’s agreed study programme and all the schools rules and regulations.
2. I / We have returned the completed form with the registration fee of £40 (only applicable for 5years old and above and is non-refundable).
3. I / We fully understand that entry from one year to the next is not automatic but dependent upon my / our child’s performance and my / our co-operation in implementing fully the school policies and adhere to the schools Islamic ethos.
4. I / We fully understand that it is my / our duty to inform the school of any changes in the application including change of address or contact telephone numbers. Furthermore, I / We understand that not undertaking this task may result in forfeiture of a place at the school

Click here to enter text.

**Full Name:**

Click here to enter a date.

Click here to enter text.

**Signature: Date:**