



MANCHESTER MUSLIM  
PREPARATORY SCHOOL  
FAITH • LEARNING • LIFE

# Application Form

## For office use only

Name of Child: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Application received on: \_\_\_\_\_

Registration fee paid: Yes  No

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

Current Year Group: \_\_\_\_\_

Waiting list Year Group: \_\_\_\_\_

Sibling in school: Yes  No

Sibling on Waiting List:

MMPS  MIGSG  KD

Yes  No



## Application for Admissions

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

Please tick the relevant box to indicate the year group you are applying for.

Nursery

Reception

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6

**Personal Details** – To be completed by those with parental responsibility for the child. Please use BLOCK CAPITALS.

Child's surname:			
Forename in full:			
Middle name(s):		Preferred name:	
Date of Birth		Current School Year	
Is English your first language?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, please state your child's first language	

	Parent /Carer 1 (Contact Priority 1)	Parent /Carer 2 (Contact Priority 2)
Surname :		
Forename in full:		
Relationship to child:		
Address:		
	Postcode:	Postcode:
Home telephone:		
Mobile number:		
E-mail address:		

Do you have joint / sole parental responsibility for your child?      Joint       Sole



### Sibling Information

Are there any siblings already at MMPS? Please provide details below:

Child's name	DOB	Year Group

Are there any siblings already on the MMPS waiting list? Please provide details below:

Child's name	DOB	Year Group

Does your child have any siblings at the following schools?

KD Grammar for Boys      Yes       No

Child/Children name(s): \_\_\_\_\_ Year Group(s): \_\_\_\_\_

Manchester Islamic Grammar School for Girls      Yes       No

Child/Children name(s): \_\_\_\_\_ Year Group(s): \_\_\_\_\_

Was either parent a pupil/student of: MMPS       MIGSG       KD Grammar

Name \_\_\_\_\_ Year Group \_\_\_\_\_ Date finished \_\_\_\_\_

### Last School/Nursery Attended/ing

Name of the School/Nursery:			
Date started at current school:		School email address	
School Address:			
Postcode:		School telephone	

### Additional Information

Are there any special educational needs or disabilities relating to your child, which the school should be aware of? We ask for this information at the point of application to ensure that all necessary provision can be put in place for assessment.      Yes       No

If yes, then please provide information below:

\*Please enclose copy of the most recent educational psychologist's report if you have one. Please also send us any relevant medical special needs or other educational reports you may have.

The Early Years Foundation Stage (EYFS) requires that every child between the ages of 2-3 years should have their development assessed and evaluated. (Nursery & Reception Applications)

Has your child had their 2 year development check?    Yes        No   

If yes, please enclose a copy of your child's 2 year development summative report with this application.

### Information in case of Emergency

	(Contact Priority 1)	(Contact Priority 2)
Full name :		
Relationship to child:		
Home telephone:		
Mobile number:		

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.

Signature:       Date:

### Required Documents

I have included a copy of my child's latest school report with this application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To confirm my child's date of birth, I have included a copy of his/her birth certificate with this application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have paid <b>£60 (inc VAT) non-refundable</b> registration fee by bank transfer <b><u>Upon receipt of the registration fee, your child's name will be added to the waiting list</u></b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide the bank transfer reference used (See details below)		

MMPS Bank Details	
Bank Name:	Royal Bank of Scotland
Account name:	<b>Manchester Islamic Educational Trust LTD</b>
Account number:	10094347
Sort code:	16-34-27
Bank Reference	Child Name – £60 Registration Fee 24-25

## Declaration

I / We apply for admission of my/our 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/our child's agreed study programme and all the schools rules and regulations.

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.

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.

Both parents with parental responsibility to sign and complete below:

<p>First Signature _____</p> <p>Name in full _____</p> <p>Relationship to the child</p> <p><input type="checkbox"/> Mother    <input type="checkbox"/> Mother by marriage</p> <p><input type="checkbox"/> Grandmother    <input type="checkbox"/> Other _____</p> <p>Date _____</p>	<p>Second Signature _____</p> <p>Name in full _____</p> <p>Relationship to the child</p> <p><input type="checkbox"/> Father    <input type="checkbox"/> Father by marriage</p> <p><input type="checkbox"/> Grandfather    <input type="checkbox"/> Other _____</p> <p>Date _____</p>
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If only one person who has parental responsibility has signed the above, the reason must be stated below:

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Full Name:

Signature:

Date:

How did you hear about MMPS?

Family/Friends  Leaflet  Internet/Website

Other - Please specify \_\_\_\_\_

## Data Notice

The personal data on this form is required for the performance of a contract between you and Manchester Muslim Preparatory School (141 Barlow Moor Road, Didsbury, M20 2PQ) and also enables the school to fulfil its legal obligations under the Equality Act 2010. The information may be shared with your child's current school or educational establishment for the purposes of requesting a reference or seeking information about outstanding fees or supplemental charges. By completing this form, you accept these terms and conditions. You have a right to request access to, rectification or erasure of, restriction or processing of, or to object processing of your child's personal data by us and to submit a data portability request by contacting us at [admissions@mmps.miet.uk](mailto:admissions@mmps.miet.uk). If you believe your personal data is being processed in a manner incompatible with this privacy statement, then you have a right to complain to the Information Commissioner's Office.

If you would like more information about how Manchester Muslim Preparatory school uses your personal data then you will find a copy of our school privacy notice at [www.mmps.miet.uk](http://www.mmps.miet.uk)

Full Name:

Signature:

Date:

We prefer to communicate via email and would appreciate it if you would add [admissions@mmps.miet.uk](mailto:admissions@mmps.miet.uk) to your address book to prevent our emails from being filtered as spam.