



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

	Name	Date of Birth	Class
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-Sadiq School

126 Chevening Road, London NW6 6TP

Telephone: 020 7372 6760

e-mail: alsadiq@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

	2020/21 Fees Per Term	2020/21 Total Fees
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 1st 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. 1st Term - August of current year
 2. 2nd Term - December of current year
 3. 3rd 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

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).

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:

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.

Parent/Guardian Contact Information:

(Please ensure all the details below are completed).

1st Contact

Name: _____ Relation to child: _____

Contact Number: _____ Email: _____

2nd 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