

# SCHOOL APPLICATION FORM

## ABU BAKR GIRLS SCHOOL

Shelley Campus, Scarborough Road, Walsall, WS2 9TY

TEL: 01922 626829 | FAX: 01922 646175

EMAIL: info@abubakrgirlschool.org

### Details of applicant

Full name: ..... Date of birth .....

Address: .....

..... Post code: .....

Home telephone: ..... Ethnic origin: .....

### Details of Parent/Guardian

#### 1<sup>st</sup> Person

#### 2<sup>nd</sup> Person

Full name: ..... .....

Profession: ..... .....

Mobile number: ..... .....

Email address: ..... .....

Relationship to applicant: ..... .....

Marital status (if applicable): Married/Separated/Divorced/Widowed (*Delete as necessary*)

Does child live with both parents/guardians? Yes/No If no, who is the main carer? .....

### Emergency Contacts

(Do not give same contacts as provided above)

#### Contact 1

Full Name: ..... Relationship to applicant: .....

Address: .....

Home telephone: ..... Mobile: .....

#### Contact 2

Full Name: ..... Relationship to applicant: .....

Address: .....

Home telephone: ..... Mobile: .....

### Education

Last school attended, name and address: .....

.....

Date of entry: ..... Date of leaving school: .....

Does the applicant require any special support? Yes/ No (*Delete as necessary*)

If Yes, please give details .....

This section MUST be filled in correctly and the most recent result information needs to be provided. If you are unaware you will need to contact the applicant's current school.

KS2 Results /KS3 Results (*Delete as necessary*)

Please write the grade in box

Maths

Science

English

## Medical Information

G.P name: ..... G.P contact number: .....

G.P address: .....

..... Post code.....

Does the applicant suffer from any medical condition, allergies or undergone surgery? Yes/No

If yes, please give details including any current medication taken .....

.....

Does your child suffer from Asthma? Yes/No

If yes, please provide Asthma Care Plan from your GP with this application form.

Any other information the school should be aware of: .....

## Other Information

Does the applicant have siblings currently at:  Abu Bakr Girls  Abu Bakr Boys  
 Abu Bakr Primary  Abu Bakr Nursery

If yes, please state the child's name and current year: .....

child's name and current year: .....

child's name and current year: .....

child's name and current year:.....

Is the applicant under supervision from any local authority/social services? Yes/ No

If yes, please provide details.....

.....

## Important Documents

The following documents must be enclosed with this application form. Without these your application will not be processed.

- Previous school report
- Copy of applicants birth certificate
- Admission fee £100 (Non- refundable)

## Declaration

Please read the school prospectus carefully, before signing the declaration

All sections of the form **MUST** be completed in order for us to process the application

1. The information I have given you on this form is accurate to the best of my knowledge. I accept that my application will be disqualified if I have knowingly given false information.
2. I have completed all sections on this form.
3. I accept to follow the policies and procedures of Abu Bakr Girls School.

Signature of Parent/Guardian: ..... Date: .....

## For Office use only

- Application received on \_\_\_\_\_
- All sections on form completed and documents attached
- Admission paid \_\_\_\_\_
- Admission date \_\_\_\_\_