

# Application Form for Admission



# Iqra Academy

## Secondary Girls School

## Application Form for Admissions

[www.iqraacademy.org.uk](http://www.iqraacademy.org.uk)

Iqra Academy Girls School

Enterprise Way

North Bretton

Peterborough

PE3 8YQ



# Iqra Academy

Peterborough

The information given will be kept strictly confidential in so far as it is the concern only of those involved with the education and welfare of your child. Please return the completed form to the school as soon as possible. The school office staff will be happy to assist if you have any queries. **PLEASE PRINT**

<b>Pupil Information</b>	
First Name(s)	
Surname	
Legal Surname (if different from above)	
Known Name (if different from above)	
Date of Birth	
Address (please insert full postal address)	
Home Telephone Number	
<b>Parent Information</b>	
Name (Parent/Guardian 1) .....	
Email address :.....	
Mobile Number: .....	
Relation to Pupil.....	
Name (Parent/Guardian 2) .....	
Mobile Number: .....	
Email address :.....	
Relation to Pupil.....	
<b>Previous Education</b>	
School	Address
Telephone Number	Head Teacher

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## Parental Responsibility

It is important to know who has legal responsibility for your child. The legal definition of parental responsibility is:

- The mother of the child
- The father of the child, if legally married to the mother at the time of the child's birth or subsequently marries the mother.
- A father not married to the mother who has acquired parental responsibility through the courts.

**PLEASE PRINT FULL NAME OF THOSE WITH PARENTAL RESPONSIBILITY:**

1..... 2.....

Does the child have a parent currently serving in the Uk military **YES/NO**

Is there a legal/court order applying to this child? **YES/NO**

If yes, please give details.

## Emergency Contact Information

If your child is unwell or injured, we need to be able to contact someone immediately in case of an emergency. Please list below the names and addresses of three emergency contacts  
Please remember to notify the school if any of this information changes.

Name, Address	Contact telephone number	Relationship to child

Name, Address	Contact telephone number	Relationship to child

### Background information

- White/British European
- Black/Caribbean Heritage
- Black/African Heritage/Pakistani
- Black/African Heritage Indian
- Bangladeshi
- Chinese
- Other Ethnic group
- Prefer not to specify

### Additional Pupil Information

Nationality
First Language (the first language the mother spoken with the child)
Language currently spoken at home
Name/s of siblings currently attending Iqra Academy
Lunch Arrangements (SCHOOL DINNER/PACKED LUNCH)
<b>Dietary Requirements/Allergies</b>
Transport to School (WALK/BUS/TAXI/OTHER)

**Medical Information**

<p>Surgery/Doctors name</p>   <p>Telephone number:</p> <p>.....</p> <p>.....</p>	<p>Surgery Address</p>     <p>Post Code: .....</p>
<p>Permission to administer first aid or call doctor in the event of an emergency</p>	<p><b>YES/NO</b></p>

*If any of the following applies to your child, please tick the relevant box(es) and give further information in the space below.*

Allergy		Epilepsy		Nose Bleeds		Sight problems	
Asthma		Convulsions		Hay Fever		Hearing problems	
Eczema		Diabetes		Heart Condition		Other	

**Statement of Special Needs**



### Use of Images Consent

In order to comply with Data Protection Act 1998, we need your written permission before we take any Images of your child/children. Photographs are to be used by the school for displays, brochures, presentations, social media and the school website.

Please note that websites can be viewed throughout the world, not just in the United Kingdom where the UK law applies.

May we take images of your child/children's and use these images in printed publications, videos and the School website?

Please circle your answer **YES/NO**

**General Data Protection Regulation (GDPR)** I understand and acknowledge that the school is registered under the GDPR for holding personal data. The school has a duty to protect this information and to keep it safe. The school is required to share some of this data with the Local Authority, the DfE and other authorities and will use the data in line with the privacy statement, which is available on the school website.

Parent Signature..... Date.....

Parent name print (please print) .....

### Consent for School Trips and other off-site activities

I confirm I am happy for my child,

- a) To take part in school trips and other activities that take place off school premises; and
- b) To be given first aid or urgent medical treatment during any school trip or activity.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
- All visits (including residential trips) which take place during the holidays or a weekend
- Adventure activities at any time
- Off-site sporting fixtures during school and after
- The school will send you information about each activity or trip before its takes place.
- You can, if you wish, tell the school that you do not want your child to take part in a
- school trip or activity

Do you give consent for your child going on trips/visits/activities? **YES/NO**

Parent Signature..... Date.....

**Please Notify the School on an additional sheet if there are any social or domestic circumstances which may be helpful for the Head Teacher to be aware of; this will be treated in the strictest confidence.**

**Home School Agreement**

*PARENT AND CHILD TO SIGN BELOW.*

**The School will**

- Encourage pupils to always do their best
- Contact parents/carers if there is a problem with conduct, attendance, punctuality, uniform, books or equipment, quality of work or progress
- Provide reports on the pupil's progress and attainment
- Set, mark, and monitor homework and provide regular communication between home and school
- Arrange Parent/Teacher consultation evenings during which progress and attainment will be discussed
- Keep parents informed about school activities through regular newsletters home.

**Signed: ..... (School/Head Teacher/SLT)**

**As parent/Carer, I will**

- See that my child attends school regularly and on time and properly equipped
- Support the school's behavior and anti-bullying policies and guidelines, including the Code of Conduct
- Inform the school about any concerns or problems that might affect my child's work or behavior
- Supports the work my child's does at school in all areas of the curriculum
- Ensure my child undertakes homework and support other opportunities for home/independent learning
- Attend Parent/Teacher consultation evenings and discussions related to my child's progress and attainment
- Strive to be involved, as far as is practical, in my child's life at the school

**Signed.....(Parent/Carer) Date.....**

**As a pupil of Iqra Academy School, I Will**

- Come to school every day on time wearing my school uniform
- Behave properly and show respect to adults and other children
- Follow the IQRA ethos
- Work as best as I am able at school and with my homework
- Look after my books and any equipment that the school may provide
- Help keep the school clean and tidy

Signed.....(Pupil) Date.....

All fees are payable as per the fees schedule and no later. A late fee payment charge is made per week and/or part week, starting from the second week of each term until all arrears are cleared. A monthly payment scheme is available if required. A full term's notice in writing to the principal must be given before removal. In the absence of this, payment of a term's fees must be made in lieu.

We/I understand that acceptance of our/my daughter is on the understanding that she accepts and confirms to the rules of the school. We/I hereby undertake to confirm to the conditions and regulations of the school and to any new rules that may from time to time be found necessary. It is our/my intention that our/my daughter completes the Senior School course.

The information on this form is correct and I/we understand that the offer of a place may be withdrawn if this application is based on fraudulent or misleading information.

Signature of Mother (Guardian)..... Date.....

Signature of Father (Guardian)..... Date.....

THIS FORM SHOULD BE RETURNED NO LATER THAN.....

LATE APPLICATIONS WILL ONLY BE CONSIDERED IF THERE ARE EXCEPTIONAL CIRCUMSTANCES  
DOCUMENTATION MUST BE PROVIDED IN SUPPORT OF THIS

PLEASE RETURN FORMS TO:

Iqra Academy Girls School

Enterprise Way

North Bretton

Peterborough

PE3 8YQ



