



470 High Road, Leytonstone, London E11 3HN

Azhar Academy Primary School

Application Form

Academic Year 2017 - 2018

Please note the following:

- 1) You must use blue or BLACK INK and BLOCK CAPITALS to fill this form.**
- 2) All sections must be completed to avoid any delay in registration.**
- 3) The Application form must be signed by Parent/Guardian.**
- 4) Please ensure that all information has been completed.**

PERSONAL INFORMATION:

First Name _____ Middle Name _____ Surname _____

Full Address _____

_____ post code _____

Date of Birth _____ Age _____

Year group applied for (please tick appropriate):

Nursery () Reception () Year 1 () Year 2 () Year 3 () Year 4 () Year 5 () Year 6 ()

Date you wish for your child to start _____

Ethnic Background _____ Nationality _____

Home telephone number _____

Religion _____

Does the pupil have a sibling currently attending Azhar Academy Girls School?

If yes, Name _____ Year _____

PARENT INFORMATION:

Name of Father (Guardian)

Telephone _____ E-mail Address _____

Religion _____ Occupation _____

Work Telephone _____ Mobile _____

Name of Mother Guardian)

Telephone _____ E-mail Address _____

Religion _____ Occupation _____

Work Telephone _____ Mobile _____

Full Name: _____ Signature: _____

Relationship with Child: _____ Date: _____