

Admission Form

Child's Details

Date of birth		Gender	M/F
First name(s)		Surname	
Address			
		Postcode	
Preferred choice of name if any			

Name of First Parent/Guardian Living at Home Address Above

Title		First name		Surname	
Relationship to child		Parental responsibility?	Yes/No		
Home telephone number		Mobile phone number			
Email address		Work telephone number			
Work place					

Name of Second Parent/Guardian

Title		First name		Surname	
Relationship to child		Parental responsibility?	Yes/No		
Mobile telephone number		Work telephone number			
Email address		Address (if different)			

Other children in the family Name(s), date of birth & school attending	
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Emergency Contact Details

Name of doctor		Telephone number	
Practice address	Postcode		
Other local contacts in case of emergency or illness at school			
Name(s)		Telephone number(s)	
Emergency Password		Only authorised persons will allowed to collect your child. They MUST know the password.	
<u>Person 1</u> Name of Authorised person:	Name:	Relationship to child:	
<u>Person 2</u> Name of Authorised person:	Name:	Relationship to child:	
<u>Person 3</u> Name of Authorised person:	Name:	Relationship to child:	

Supplementary Details

Has your child had any serious illnesses or injuries?	Yes/No Details
Has your child completed an immunization program to date?	Yes/No Details
Has your child any known allergies and medical conditions?	Yes/No Details
Does your child have Asthma or require the use of an inhaler?	Yes/No (If yes please provide inhaler and care plan)
Is your child known to social services or any other agency?	Yes/No Details If yes, Name of SW
Does your child have any particular or special needs?	Yes/No Details
Languages spoken at home	
Please state child's religion/culture	
Details of previous nursery or school attended	

Permissions

Sign in the column on the right to indicate your consent. No signature means you do not give consent.

There is CCTV being recorded for safety and security purposes. I agree to my child being recorded on the CCTV system for the above purposes.	
Occasionally we may take the child away from the premises for a walk, to the mosque, to sports pitches, post box or the park. I give my permission for my child to take part in these activities	
Photographs are used to track children's learning, in websites and social media. They will also be made available for yourselves in the form of CD I give my permission for my child to be photographed for the above reasons	
I give my permission for a trained first aider to administer first aid to my child	
I give consent for my personal information to be stored and shared in accordance to the school's privacy policy	

Any other information you think would be helpful for us to know about your child.

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Your child will be placed on the waiting list and contacted when a place becomes available.

Thank you for telling us about your child, we look forward to your child joining us and enjoying their time at Dar ul Madinah Blackburn.

Declaration:

I confirm all the details completed in this form are true and accurate. I will inform Dar ul Madinah of any changes immediately.

Signature

Signature		Date	
Print Name		Parent/ Carer	

Any information given to the school as part of this application/registration form will be treated with the strictest of confidence. Any Data collected will be, fairly and lawfully processed, for limited purposes, adequate, relevant and not excessive, accurate, not kept longer than is necessary, processed in accordance with the data's subjects rights, held securely in line with our privacy policy.