

Summer School Application Form 2006

| Personal Details of Pupil | |
|--|---|
| Surname: | First names: |
| Date of birth: Age: | Please tick: boy <input type="checkbox"/> girl <input type="checkbox"/> |
| Nationality: | |
| Family Information | |
| Fathers name and address: | |
| Home Telephone: | Mobile: |
| Fathers work telephone: | |
| Mothers name (and address, if different to above): | |
| Home telephone: | Mobile: |
| Mothers work telephone: | |
| Any special family situation? (e.g. one parent family, divorced, step parents) | |
| Emergency Back-up – please fill out two contacts (not parents) | |
| Name: | Name: |
| Relationship to pupil: | Relationship to pupil: |
| Tel No: | Tel No: |
| Place of contact: | Place of contact: |
| Pupils Health | |
| Present state of health: | |
| Any known allergies? | |
| Has your child had chicken pox <input type="checkbox"/> measles <input type="checkbox"/> mumps <input type="checkbox"/> | |
| Give details of all illnesses: | |
| Note all vaccinations: | |
| Is your child receiving any medication? (give name of medicine) | |
| Has your child ever visited a psychiatrist or psychologist? | |
| Any special diet? | |
| Name of pupils own doctor: | |
| Address and telephone number: | |
| General Information | |
| Has your child ever been suspended or expelled from a school? | |
| Has your child ever been “statemented” by a school? | |
| Has your child ever been under the attention of social services or other child care organisation? | |
| Present School Attended: | |
| Attestation | |
| I attest that the above information is true. I have answered all the questions above to the best of my knowledge and I am not withholding any information. | |
| I will notify the school in writing if any of the above information changes. | |
| I wish my child to be placed in: | |
| <input type="checkbox"/> Summer School 1 (24 th July for 2 weeks) Fee £80 (or £72 if returned before 30 th June) | |
| <input type="checkbox"/> Islamic Summer School 2 (7 th Aug. for 3 weeks) Fee £150 (or £135 if returned before 30 th June) | |
| Please tick relevant box(es) | |
| Signature of parent: | |
| Date: | Amount Paid: £ |