

# APPLICATION FORM

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**PHOTOGRAPH**  
(Passport size, please attach)



## APPLICATION FOR ADMISSION

### ABOUT THE CHILD

Surname: ..... Forename: .....

Date of birth: ..... Country of birth: .....

Address: .....

..... Postcode: ..... Telephone no: .....

Father's name: ..... Telephone no: .....

Mother's name: ..... Telephone no: .....

Emergency Contact name: ..... Telephone no: .....

Language(s) spoken at home:..... Child's Ethnicity: ..... [Arab; Bangladeshi; Black African  
Caribbean; Indian; Pakistani; White; Other ]

### PREVIOUS SCHOOL(S)

Is your previous school primary or secondary? .....

School name: .....

Address: .....

Post Code: ..... Tel no: .....

- Does your child have any special needs? .....
  - Are there special problems or family Circumstances that we should be aware of: .....
- If you have answered 'YES' to any of questions, then please provide further details on a separate sheet.

### HEALTH

Does your child suffer from any serious illness: Yes / No

If yes, please state: .....

Name of doctor: ..... Telephone no: .....

Address: ..... Postcode: .....

**DECLARATION:** I/we declare the information provided is true to the best of my/our knowledge. Having read the information on Fees provided, I/we make this application for admission to Al-Noor College, for my/our child and enclose the information requested as per the Applications Procedure.

Signature of Father: ..... Signature of Mother: ..... Date: .....

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### SCHOOL USE ONLY

Date of admission: ..... Date left: .....

Registration no: ..... UPN no: .....

## **APPLICATION PROCEDURE**

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A date to attend an informal discussion will be offered to you as we place great emphasis on both parents and student being committed to the ethos of Al-Noor College. It is expected that both parents and student attend. If you subsequently wish to make an application the following is required:

1. Completed Application Form signed by both parents, if appropriate.
2. One passport size photograph of your child with the name and date of birth written at the back.
3. A copy of their birth certificate. If this is not available, a copy of a current passport will be accepted.
4. A copy of the most recent school report.
5. An Administration Fee of £60 in the form of a cheque or postal order made payable to 'A.K. Soofia Ameer-e-Millat Trust'. Cash payment can also be made in person but not via the post.
6. The above must be returned as soon as possible to:

The Admissions Office,  
Al-Noor College,  
21 Shakespeare Street,  
Sparkhill  
Birmingham  
B11 4RU

7. Applications for admission will be considered in order of receipt.

Applications are welcome from students regardless of race, creed or disability.

Upon receiving the application, your child will be offered a date on which to take our independent Assessment Test.

You will be invited to attend a short meeting with the Head Teacher to discuss the outcome of the Assessment Test and raise any final queries.

An offer will be made following this meeting and if successful, you will need to respond by the date stated. If we receive no communication from yourself it will be assumed that you do not wish to proceed.

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***N.B. Please ensure that you provide copies of all relevant documentation as photocopies cannot be made on your behalf.***



**DATA CONTACT SHEET**

*(Please check details carefully, complete and/or amend as necessary, sign and return)*

|                                                                                                                                       |                           |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>Name of Father:</b>                                                                                                                | <b>Name of Mother:</b>    |
| <b>Current Address:</b>                                                                                                               | <b>Home Telephone No:</b> |
| <b>Father's Work No:</b>                                                                                                              |                           |
| <b>Father's Work No:</b>                                                                                                              |                           |
| <b>Mother's Work No:</b>                                                                                                              |                           |
| <b>Mother's Work No:</b>                                                                                                              |                           |
| <b>Father's E-Mail Address:*</b>                                                                                                      |                           |
| <b>Mother's E-Mail Address:*</b>                                                                                                      |                           |
| <i>* If possible, we would like to be able to correspond with you via e-mail to lessen paperwork and ensure faster communication.</i> |                           |
| <b>Medical History ( if any):</b>                                                                                                     |                           |
| <b>Condition:</b>                                                                                                                     |                           |
| <b>Medication Required :</b>                                                                                                          |                           |
| <i>(If applicable, please ensure you forward this into school in a clearly named and lidded box</i>                                   |                           |
| <b>Emergency Contact 1:</b>                                                                                                           |                           |
| <b>Emergency Contact 2:</b>                                                                                                           |                           |
| <b>Emergency Contact 1:</b>                                                                                                           |                           |

IT IS ESSENTIAL THAT YOU UPDATE THE ABOVE INFORMATION IN CASE OF AN EMERGENCY. PLEASE BE ASSURED THAT ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.

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| Any additional information you wish to make known to us: |
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**Signed:** ..... **Dated:** .....