

SCHOOL APPLICATION FORM
ABU BAKR GIRLS SCHOOL
 Shelley Campus, Scarborough Road, Walsall, WS2 9TU
 TEL: 01922 612361 | FAX: 01922 646175
 EMAIL: info@abubakrgirlschool.org

Details of applicant

Forename:Surname:.....Date of birth

Address:

..... Post code:

Home telephone: Ethnic origin:

Details of Parent/Guardian

1 st Person	2 nd Person
Full name:
Profession:
Mobile number:
Email address:
Relationship to applicant:
Marital status (if applicable): Married/Separated/Divorced/Widowed (<i>Delete as necessary</i>)	
Does child live with both parents/guardians? Yes/No If no, who is the main carer?	

Emergency Contacts
 (Do not give same contacts as provided above)

Contact 1

Full Name: Relationship to applicant:

Address:

Home telephone: Mobile:

Contact 2

Full Name: Relationship to applicant:

Address:

Home telephone: Mobile:

Education

Name and address of current school or last school attended:

.....

Date of entry: Date of leaving school:

Reason for leaving school:

Does the applicant require any special support? Yes/ No (*Delete as necessary*)

If Yes, please give details

This section MUST be filled in correctly, if you are unaware you will need to contact the applicant's current school. Please tick the appropriate box below.

KS2/KS3 Current attainment

	Working Below Target	Working Towards Target	On Target	Mastery
English				
Mathematics				
Science				

Medical Information

G.P name: G.P contact number:

G.P address:

..... Post code.....

Does the applicant suffer from any medical condition, allergies or undergone surgery? Yes/No

If yes, please give details including any current medication taken

.....

Does your child suffer from Asthma? Yes/No

If yes, please provide Asthma Care Plan from your GP with this application form.

Any other information the school should be aware of:

Other Information

Does the applicant have siblings currently at: Abu Bakr Girls Abu Bakr Boys
 Abu Bakr Primary Abu Bakr Nursery

If yes, please state the child's name and current year:

child's name and current year:

child's name and current year:

child's name and current year:.....

Is the applicant under supervision from any local authority/social services? Yes/ No

If yes, please provide details.....

.....

Important Documents

The following documents must be enclosed with this application form. Without these your application will not be processed.

- Previous school report
- Copy of applicants birth certificate
- Admission fee £100 (Non- refundable)

Declaration

Please read the school prospectus carefully, before signing the declaration

All sections of the form **MUST** be completed in order for us to process the application

1. The information I have given you on this form is accurate to the best of my knowledge. I accept that my application will be disqualified if I have knowingly given false information.
2. I have completed all sections on this form.
3. I accept to follow the policies and procedures of Abu Bakr Girls School.

Signature of Parent/Guardian: Date:

For Office use only

- Application received on _____
- All sections on form completed and documents attached
- Admission paid _____
- Admission date _____