



ENTRANCE FORM

APPLICATION FORM

Academic Year:	Submission Date:	
Year of Entry (please tick appropriately):	<input type="radio"/> 3-4years <input type="radio"/> 5-7years <input type="radio"/> 8-10years <input type="radio"/> 10 and above	
Surname:	First name:	
Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (d/m/y):	
Nationality:	Does your child have any special needs? <input type="radio"/> yes <input type="radio"/> no If "yes" please specify.....	
Contact Address:		
Do you have any other child in Islamic Children Study Academy? <input type="radio"/> yes <input type="radio"/> no If "yes" please fill below		
Name	Age	Gender
Father's Details		
Name:	Home Address:	
Profession:	Mobile Number:	Email:
Mother's Details		
Name:	Home Address:	
Profession:	Mobile Number:	Email:
How did you hear about us:		
If my child is admitted, I agree to conform to the policies and regulations of the centre Signature of Parent/Legal Guardian:.....Date:.....		
<ul style="list-style-type: none"> • This form should be completed and returned to the Admission office of Islamic Children study Academy • All application form must be accomplished with two recent passport photographs of the child. <p style="text-align: center;">We are available for further clarification(s)</p>		



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MEDICAL AND EMERGENCY CONTACT FORM

Child's name:..... Date of Birth.....

Gender: Male Female

Home Address:.....

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Emergency Notification

- Mother's Mobile: Home Phone:
- Father's Mobile..... Home Phone.....
- Does your child have any peculiar health problem? Yes No
- If yes please specify:
- Does your child have any allergies? Yes No
- If yes please specify:
- When last was your child hospitalised and why?.....
- Is your child allowed to have candy, biscuit, drinks etc in the centre?
- Have you ever had any contagious disease? Yes No
- If yes please specify:

Authorization for Medical Treatment

I hereby agree that in the case of a medical emergencies, my child should be given first aid treatment by the centre and then taken to the hospital for proper treatment

Signature of Parent/Legal Guardian:..... Date:.....



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PICK UP DETAILS

As a policy in our centre, children are only handed over to the authorised collector whose name/photo is affixed below and knows the child collection code. Kindly fill in the details of the authorised collector.

Name of Child:

Child Collection Code:

Name of Authorised Collector 1:

.....

Name of Authorised Collector 2:

.....

I hereby give my permission that the persons whose name/photograph appears above is authorised to pick my child from the centre.

Signature of Parent/Legal Guardian:.....Date:.....

ATTENDANCE

One of our major significant learning control measure is attendance. We believe that for effective learning, a child needs to be punctual and regular. Kindly notify the centre in case a child will be late or absent