



Al Hikmah Admissions Form and Parental Agreement

Information about the student:

Name: _____

D.O.B: _____

Age: _____

Gender: Female/Male

English School: _____

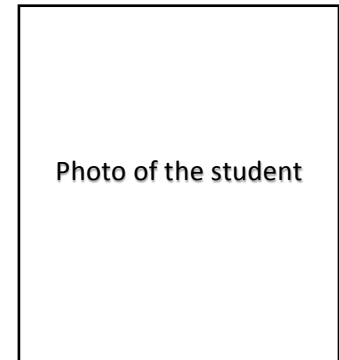
First Language: _____

Second Language: _____

Address: _____

Postcode: _____

Mobile: _____



Medical Information:

Does your child suffer from any of the following?

Asthma: Yes/No

Allergies: Yes/No

If the answer to allergies is yes, please give clear details i.e. peanuts, plasters, milk etc and provide us with a doctor's letter detailing the medical condition.

Does your child have speech Therapy? Yes/No

Or ever been referred to a speech therapist? Yes/No

Does your child have any special needs i.e. learning difficulties, Autism?

Information about the Guardian, Parents (Father / Mother if applicable)

Titles	Guardian1	Guardian2
Forename		
Surname		
Occupation		
Languages spoken		
Home No.		
Mobile		
Email		
House No. and Street		
Town/City		
Post Code		

Information about Emergency Contact

Name: _____

Al Hikmah School
Beaumont Rd N,
Sheffield S2 1SN



Relation to child: _____.

Home number: _____.

Mobile: _____.

Extra Information:

Does the student know the Arabic Alphabet? Yes/No

Please add any information that might help your child's application.

Photography:

- I give/ I don't give consent for my child to be photographed (picture and video) for school records and activities. By filling in this application you AGREE to the following terms:
 1. To bring your child to school at 9:25 am every Sunday (on school days) unless a holiday is confirmed, please ensure your child comes to school with all necessary books, equipment and snacks.
 2. To inform the Head teacher about any absence.
 3. To pay all fees in advanced of each term.
 4. To wait with your child until you hand them over to a teacher at the beginning of the school day.
 5. To pick your child up at 1:30pm (PROMPTLY) and no later than 1:45 unless due to unavoidable circumstances in which case you must contact the Head teacher.
 6. That neither the school nor MWHS will be held responsible for any injuries sustained due to accident or children's misbehaviour.
 7. That your child will lose their place in school if absent for four consecutive weeks without informing the head teacher.

I/We agree to the terms stated above;

Name _____

Signature _____

Date _____