LANTERN ACADEMY WEEKDAY ADMISSION FORM

Affix Current Photograph Here

PUPIL'S PERSONAL INFORMATION

First Name: _____ Surname: _____

Date of Birth: ___/___/____ Age: _____ Nationality: _____

School Attending: _____

PARENTS/GUARDIANS INFORMATION (MAIN CONTACT)

Full Name: _____

Address: _____

Post Code: _____ E-mail Address: _____

Contact Tel (home): _____Mobile: _____

(Telephone numbers are kept for the teacher's record so that the parents may be informed of the pupil's progress, behavior, attendance or absence)

PREVIOUS QURAN ACADEMY

Name of academy attended: _____ Period of time attended: _____

Reason for leaving: _____

NEXT OF KIN (EMERGENCY USE)

Name: _____ Relationship: _____

Address: _____ Post Code: _____

Contact Tel (home): _____ Mobile: _____

SPECIAL NEEDS

Does your child have any special needs? e.g. Autism, Learning Difficulties, ADHD etc.

Yes ☐ No ☐

Please provide more details:

_____

_____

_____

_____

ALLERGIES

Does your child have any allergies?

Yes ☐ No ☐

Please provide more details:

_____

_____

_____

CLASSES

Mon & Fri (16:45 – 18:30) ☐

Tues & Thurs (16:45 – 18:30) ☐

Mon & Fri Evenings (18:45 – 20:15) ☐

DECLARATION

I, the parent guardian of the above-named child take complete responsibility of the pupil's behavior, progress, attitude and punctuality and will abide by the conditions of admission. I solely take responsibility of the fulfillment of the Rules and Regulations of the Education Department of Lantern Academy which were provided to me by the Lantern Academy at the time of my child's admission. I also give consent to use my child/ren's pictures.

Parent/Guardian Signature: _____ Date: _____