

Pupil Application

| FOR OFFICE USE ONLY | | | Logged On: | |
|--------------------------------|------------------|----------------------------------|-------------------------|--|
| Application Number: | Received On: | | Year Group Applied For: | |
| Contacted On: | Interview Date: | | | |
| Offered A Place: | | Starting On: | | |
| Birth Certificate ☐ Passport ☐ | Proof of Address | Report \$\Bigsilon \pm\100 Addi | tional Allowance Fee | |
| Notes: | | | | |
| | | | | |
| 1. Pupil Details | | | | |
| Surname: | | | | |
| First Name: | | | | |
| Date of Birth: | | | | |
| Nationality/Ethnicity: | | | | |
| Gender M/F: | | | | |
| Languages spoken at home: | | | | |
| Other languages spoken: | | | | |
| 2. Family Information | | | | |
| | Father | ٨ | Mother | |
| Surname: | | | | |
| First Name: | | | | |
| Date of Birth: | | | | |
| Occupation: | | | | |
| Address: | | | | |
| Post Code: | | | | |
| Home Telephone: | | | | |
| Mobile: | | | | |
| Email Address: | | | | |
| Who is the Fee Payer (tick): | | | | |
| Any special family situation: | | <u>'</u> | | |
| Who does the child live with? | | | | |
| Any Siblings at Tarbiyyah: | | | | |



| 3. Other Siblings | | | | |
|---|--|-------|-----------------------|-------------------------------------|
| The same same | | | T . | |
| Details of other children in the family: | Name | D.O.B | | School |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 4. Previous Schooling (including H | ome School): | | | |
| Name & Address of School: | | | | |
| Period Attended: | | | | |
| 5. Early Years Funding (Under 5-ye | ear-old only) | | | |
| PART TIME (NURSERY) | Full / Partial (please circle one) | | | |
| Please confirm if your child will receive full of partial 15-hour funding with us | If partial, please provide number of hours per week Morning / Afternoon Session (please select your preference) | | | |
| If both parents work over 16 hours you may be entitled to 30 hours free funding. If yes, please | | | | |
| hours you may be entitled to 30 hours free funding. If yes, please | Are both parents working 16 hours? | | National ce Number | Mother National Insurance Number |
| hours you may be entitled to 30 | = | | | |
| hours you may be entitled to 30 hours free funding. If yes, please provide the funding code (if you have it) and parent National Insurance number 6. Emergency Contact Details | working 16 hours? Yes / No | | | |
| hours you may be entitled to 30 hours free funding. If yes, please provide the funding code (if you have it) and parent National Insurance number | working 16 hours? Yes / No | | | |
| hours you may be entitled to 30 hours free funding. If yes, please provide the funding code (if you have it) and parent National Insurance number 6. Emergency Contact Details (other than parents/guardians): | working 16 hours? Yes / No (Please circle one) | | ce Number | |
| hours you may be entitled to 30 hours free funding. If yes, please provide the funding code (if you have it) and parent National Insurance number 6. Emergency Contact Details (other than parents/guardians): Name: | working 16 hours? Yes / No (Please circle one) | | ce Number | |
| hours you may be entitled to 30 hours free funding. If yes, please provide the funding code (if you have it) and parent National Insurance number 6. Emergency Contact Details (other than parents/guardians): Name: Relationship to pupil: | working 16 hours? Yes / No (Please circle one) | | ce Number | |
| hours you may be entitled to 30 hours free funding. If yes, please provide the funding code (if you have it) and parent National Insurance number 6. Emergency Contact Details (other than parents/guardians): Name: Relationship to pupil: Telephone Number: | working 16 hours? Yes / No (Please circle one) | | ce Number | |
| hours you may be entitled to 30 hours free funding. If yes, please provide the funding code (if you have it) and parent National Insurance number 6. Emergency Contact Details (other than parents/guardians): Name: Relationship to pupil: Telephone Number: Address: | working 16 hours? Yes / No (Please circle one) | | ce Number | |
| hours you may be entitled to 30 hours free funding. If yes, please provide the funding code (if you have it) and parent National Insurance number 6. Emergency Contact Details (other than parents/guardians): Name: Relationship to pupil: Telephone Number: Address: 7. Medical Details | working 16 hours? Yes / No (Please circle one) | | ce Number | |
| hours you may be entitled to 30 hours free funding. If yes, please provide the funding code (if you have it) and parent National Insurance number 6. Emergency Contact Details (other than parents/guardians): Name: Relationship to pupil: Telephone Number: Address: 7. Medical Details Name of GP: | working 16 hours? Yes / No (Please circle one) | | ce Number | |



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|--|---|--|---------|
| Has your child had chicke | en poxÿ | Has your child had mum | DS 6 |
| Has your child had measle | es? | Any major accidents or injuries? | |
| Please comment on any sprocedures: | surgical | | |
| Any Physical problems (headaches, travel sickner physical habits, etc.): | ess, | | |
| Is your child receiving any medication? (Give name medication): | | | |
| Has your child ever visited psychiatrist or psychologis give details): | | | |
| Has your child received a specialist support from an external agency (for exar speech & language there physiotherapist, occupati therapist etc) or specialist intervention within school | mple, apist, onal | | |
| Please note, we have an obligation to communical your child's previous school Failure to declare information on this form may jeopardise your child's admission. | ol. Ition | | |
| 8. Special Diets | <u> </u> | | |
| Details of any dietary nee (please describe – i.e., glu free diet, dairy intolerance allergies, etc) | uten | | |
| 9. Medical Conditions | | | |
| Details of any medical conditions (please descrik below – i.e., Asthma, diab or other short- or long-terr illnesses. Please provide d of any medications requir | petes, n etails | | |
| 10. School Fees (Please c | ircle) | | |
| | Early Years | | Primary |
| hours per week) | Full time Nursery or Reception (30 hour per week funding) | Full time Nursery or Reception (includes 15 free hours per week) | £3,500 |
| Free | (£388, £1404, £2350) | £3,500 per year | |



How do you intend to pay the Monthly Direct Debit / Termly / Annually school fees? (Please circle) 10.1 Admissions / Leavers part way through the year PLEASE NOTE: If an admission is made or a child leaves part way through any academic term, parents/guardians will be expected to pay the full payment for the term in which the child is being admitted or the term in which the child is leaving. 11. Any Additional Information: (Please use this space to provide and other relevant information about the pupil) 12. School Permissions Please note: Once permission has been given - this will not expire for the whole duration of your child being present at Tarbiyyah Primary school, unless we receive written notice withdrawing this permission. Use of photography: I give permission for the school to use photos of my children's hands and the back of their head for displays, publications, social media or otherwise in the interest of promotion of the school activities. Internet Usage: I give permission for my child to use the internet in line with the school's acceptable usage policy Food preparation, cooking and tasting: I give permission for my child to take part in food preparation/cooking and tasting activities (in line with dietary requirements) Offsite Activity: give permission for my child to take part in supervised and planned visits/sports events to local destinations (within 3 miles) away from the main school site Date: **Emergency release** I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted: Person 1 Name



| | Address | | | |
|--|--|--|-------------|--------------------|
| | Relationship to pupil | | | |
| | Contact number | | | |
| 13. | Parent/Guardic | an Declaration | | |
| of r | my knowledge se information | | d if I have | knowingly given |
| | - I have info | ormed the school if I am a single parent, and I have th | he custoo | dy rights for the |
| | I have informed the school if my child is on the SEN (Special Educational Need) register or may require an assessment | | | |
| - I confirm that I am able to pay the school fees and will provide evidence of this if requested by the school. I also confirm that I will pay one term's fees when I am offered the place. | | | | |
| | appropria | give one term's notice when withdrawing my child from the notice is not given, I understand that one term's few become payable, and the school will take measures ang. | ees (four r | months) in lieu of |
| | - If I am accepting the offer of admission, I am liable to pay the term's fees with it. (The fees are non-refundable for the term once it starts). | | | |
| | I understand that the school fee is payable on the designated day of the month. If I am unable to pay/want to make alternative arrangements/am having difficulties I will inform the school immediately. (Please DO NOT wait until the deadline date). | | | |
| I accept and agree to follow the rules and regulations of Tarbiyyah Primary School, which may be subject to change at any time, if necessary, which can be found within the school policy section at www.tarbiyyah.co.uk | | | | |
| | | nd that Tarbiyyah Primary School is an Islamic school be the backbone of its curriculum, policies and teac | | |
| | me and signatu ent/guardian (| | e: | |
| | me and signatu ent/guardian (: | | e: | |



Next Steps:

- 1. Post or email this form. Email: schooloffice@tarbiyyah.co.uk. Post: Pupil Admissions, Tarbiyyah Primary School, 32-42 New Heston Road, Hounslow, TW5 OLJ.
- **2**. After receipt of the application you will be contacted to attend an interview where you will need to bring the following original documents with you:
- Child's/Children's Birth Certificate
- Passport or certificate of naturalisation of child
- Parent: Any two from the following: Driving Licence/Utility Bill/Council Tax Bill
- Child's Previous School Report/Parent's Home School Report
- **3**. If successful, your child will be offered a provisional place at the end of the interview written confirmation will be given once fees have been paid.

Data Protection

| Tarbiyyah Primary School collects and uses personal information about staff, puindividuals who come into contact with the school. The information is gathered provide education and other associated functions. In addition, there may be a and use information to ensure the school complies with its statutory obligations. | in order to enable us to legal requirement to collec |
|---|--|
| give consent for my childused for the purposes described above. Please note that you have the right to time and you can do this by contacting us on the address given below. | |
| Please sign to indicate your permission for us to do so. | |
| Signature (1): Signature (2) | Date: |

For information on how Tarbiyyah Primary school uses data we hold about you and your child, how long we keep it and your rights in relation to it, e.g., to have it corrected, erased, restricted, transferred or to see your records go to our website at www.tarbiyyah.co.uk or contact the school office.

The school policy is intended to ensure that personal information is dealt with correctly and securely and in accordance with the Data Protection act 2018, and their related legislation. It will apply to information regardless of the way it is collected, used, recorded, stored and destroyed, and irrespective of whether it is held in paper file or electronically.