



ADMISSION FORM

Al-Ashraf Secondary School
 Sinope Street Gloucester
 GL1 4AW
 01452 300465
www.al-ashraf.org.uk
 Email: office@al-ashraf.gloucs.sch.uk

This application will be considered by the school in accordance with the school admission policy and if accepted, will be subject to the following conditions:

1. Parents/guardians must agree to work in partnership with the staff and governors in the education of their children.
2. All members of the education partnership – parents, staff and pupils – undertake to abide by the rules and regulations of the school as determined by the Governors.

Please complete the following in BLOCK CAPITALS

Surname of Pupil:	Forename of Pupil:	Middle Name of Pupil:	D.O.B:
Country of Birth:	Passport number:	Country of Issue:	
Nationality:	Ethnicity (for DfE purposes):	Mother Tongue:	
Address:			Postcode:

Fathers First Name:	Father's Surname:	Nationality:
Father's Occupation	Home Contact No: (landline) Father's Mobile No: Father's Work Contact No:	Father's Email Address:
Mother's First Name:	Mother's Surname:	Nationality:
Mother's Occupation	Home Contact No: (landline) Mother's Mobile No: Mother's Work Contact No:	Mother's Email Address:

Present/Previous School:	Present/Previous Class/Year:	Year Applying for:
School Address:	City/Country:	Contact No/Email:

Has your daughter previously attended school abroad? Yes/No
If Yes, how many years?

Special Needs – Does your daughter have any specific learning difficulties for which she is currently receiving help in school or seeing a therapist? **Yes/No.**
If yes please give full details below:

Are there any matters you think the school should know about in the interests of your daughter's welfare and safety while in school?
 Eg.... parental custody rights. **Yes/No**
If Yes, please give details below:

Does your child suffer from any allergies, illnesses, disabilities, etc.? If so, please give full details below:

Name of Family Doctor

Surgery Address & Phone No:

Please provide **two emergency contact details** besides parents.
Name

Contact No:

Relationship to Pupil:

Name

Contact No:

Relationship to Pupil:

Declaration: - I, the undersigned, hereby give permission to the school to access any previous educational history and certify that the particulars on the Admission Form are true and correct. I agree to abide by the rules and regulations governing the school. I understand false and misleading information given on this form could result in my daughter losing her school place.

- Please kindly hand/post or email this form (as soon as possible) with your registration **£75.00 fee payable either by cash or bank transfer.**
- Please also provide a **copy** of your daughter's **Birth Certificate**

Bank Transfer Details: Lloyds TSB

Account Name: Al-Ashraf Secondary School for Girls

Sort Code: 30-93-48

Account Number: 43004968

Online Reference: Admission & Daughter's Name

Name of Parent/Guardian

Signature

Date

FOR OFFICE USE ONLY

Date Received

£75.00 Registration Fees Paid

Y

N

CASH/ONLINE

Date Admitted

Enrolled in Year:

Copy of Birth Certificate received?

Enrolment No: