AT-TA'LEEM ISLAMIC SCHOOL

ADMISSION FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN BLOCK CAPITALS.

Student's Details:

Student's Full Name (Mr. /Mrs. / Alhaji/ Hajia)**:** ________________________________

Birth Date: ____

Age: ____________________________ Gender: ______________________

Address: ____

____

Nationality: ____

Interests: ________________________________

Email: _____________________

Phone Number (s): 1. _________________________________

2. _________________________________

3. _________________________________

Office and Office Address: ____

____

Occupation: __________________________ Work Phone: ________________

N.B: ***You are required to kindly inform us if any of the details above change subsequently. It is our intention to communicate by email as much as possible, so please provide an email address which will be checked regularly and advise immediately of any changes.***

For Official Use

Date of Entry: ____________________________ Signature: ________________

Birth Certificate Included: ___________ (Yes/ No)

Two Recent Passport Photographs Included: ___________ (Yes/ No)

Emergency Contact Information

Primary Emergency Contact: ____

Home Phone: ________________________________ Work Phone: ________________

Relationship to Student: ____

Address: ____

Secondary Emergency Contact: ____

Home Phone: _______________________________ Work Phone: ________________

Relationship to Student: ____

Address: ____

Person(s) authorised to pick up my child besides Parents, Guardians, or Emergency Pick-ups

Name: ______________________ Comment: ______________________

Name: _______________________ Comment: ______________________

Emergency Release

Consent to Emergency First Aid and Transportation

I hereby give permission that student/ I ,_____________________________________may be given emergency treatment by a staff nurse at At-Ta'Leem Islamic School. I also give permission that my child be transported by car, ambulance or Aid car to Pediatric Partners/ an emergency centre for treatment and agree to hold the school and her employees harmless/unaccountable.

Student's/ Parent's Signature: ________________________ Date: ___________

In the event that I/ Emergency Contacts cannot be contacted immediately, medical or surgical treatment can be administered to me/ student in the case of an accident or emergency, as prescribed by a treating physician, and hold At-Ta'Leem Islamic School and her employees harmless/unaccountable.

Student's/ Parent's Signature: _____________________ Date: ________________

Emergency Information

1. Student's Name: ______________________________Date of Birth: ____________
2. Name of Student's Doctor: ________________________ Phone: ________________
3. Hospital Name and Address: ____

   ____________________________________Hospital Phone(s): __________________
4. Regular Medication(s): ____
5. Blood Type: ____
6. Medicine(s) allergic to: ____
7. Food Allergies: ____
8. Any other Allergies: ____
9. Any special health conditions: ____

Health History

Illnesses: (Please insert a tick for 'Yes' and a cross for 'No')

Does student have problems with any of these?		Has the student had any of these diseases?	
Constipation		Asthma	
Convulsion		Bronchitis	
Fainting Spells		Chicken Pox	
Frequent Colds		Diabetes	
Frequent Ear Infections		Hepatitis	
Frequent Sore Throats		German Measles	
Urinary Problems		Measles	
Soiling		Mumps	
Stomach Upsets		Polio	
Throwing Up		Tuberculosis	
Febrile Seizures			
Epilepsy			

If student has experienced other illnesses besides above (Please indicate):

____

Any other members of student's family with history of:

Asthma: _________________ Diabetes: ________________ Epilepsy: ___________

Name: _________________________ Signature: _______________ Date: _____________