

AT-TA'LEEM ISLAMIC SCHOOL

ADMISSION FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN BLOCK CAPITALS.

Candidate's Details:

Child's Full Name: _____

Other Names (if different from above): _____

Birth Date: _____ Gender: _____

Address: _____

Nationality: _____

Language spoken at home: _____

Interests: _____

Parents' Details:

Mother's Full Name: _____ **Home Phone:** _____

Address (If different from above): _____

Office and Office Address: _____

Occupation: _____ **Work Phone:** _____

Mobile Phone(s): _____ **Work Hour(s):** _____

Email: _____

Father's Full Name: _____ **Home Phone:** _____

Address (If different from above): _____

Office and Office Address: _____

Occupation: _____ Work Phone: _____

Mobile Phone(s): _____ Work Hour(s): _____

Email: _____

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.*

Candidates' Present School:

Name of School: _____ Tel: _____

Address of School: _____ Fax: _____

_____ Email: _____

Name of School Head: _____

Can we contact the Head of the school? Yes: ___ No: ___

This would not be done without your consent but must be done before the pupil attends or takes examinations.

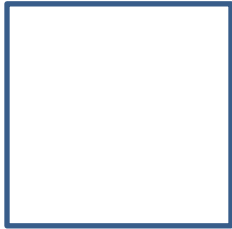
For Official Use

Date of Entry: _____ Signature: _____

Birth Certificate Included: _____ (Yes/ No)

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

Emergency Contacts
(Other than Parent or Guardian)



Primary Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____



Secondary Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

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



Name: _____ Phone Number: _____

Comment: _____



Name: _____ Phone Number: _____

Comment: _____

Emergency Release

Consent to Emergency First Aid and Transportation

I hereby give permission that my child, _____ 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.

Parent's Signature: _____ Date: _____

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child 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.

Parent's Signature: _____ Date: _____

Emergency Information

1. Child's Name: _____ Date of Birth: _____
2. Name of Child'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

1. Kindly indicate immunisations your child has received:

- | | |
|----|----|
| a. | f. |
| b. | g. |
| c. | h. |
| d. | i. |
| e. | j. |

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

Does your child have problems with any of these?		Has your child 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 your child has experienced other illnesses besides above (Please indicate):

Any other members of your family with history of:

Asthma: _____ Diabetes: _____ Epilepsy: _____

Name: _____ Signature: _____ Date: _____

Medical Care Consent Form 2015-2016 School Year

I Mr. /Mrs. / Mr. and Mrs. / Alhaji/ Hajia: _____,

Parent of child _____ give consent / do not give consent for the Medical staff at At-Ta'Leem Islamic to administer the necessary first aid care or medication in cases of emergency and notify me on the same day.

Signature: _____ Date: _____

I also **give consent/ do not give consent to** the Medical staff of Pediatric Partners Hospital to treat my child for acute medical emergencies requiring hospital care. I will be responsible for the bills incurred at the hospital.

Signature _____ Date: _____