AzharAcademy

PRIMARY SCHOOL

470 High Road, Leytonstone, London E11 3HN

Azhar Academy Nursery School

Application Form

Academic Year 2023 - 2024

Please note the following:

1) You must use BLUE or BLACK INK and BLOCK CAPITALS to fill this form.
2) All sections must be completed to avoid any delay in registration.
3) The Application form must be signed by Parent/Guardian.
4) Please ensure that all information has been completed.
5) Completion of this form does not secure your child's place in the Nursery.

Child's First Name_____ Middle Name_____ Surname_____

Full Address _____

_____Post Code _____

Telephone number _____

Date of Birth_____Age_____

Preferred Session (please tick appropriate)**:**

Morning 8:30-11:30 (   )   Afternoon 12:30-15:30 (   )   30 Hours 5 Full Days 8:30-14:30 (   )

Date you wish for your child to start _____

Name & Address of present Pre-school:

_____

Does the pupil have a sibling currently attending Azhar Academy Primary or Girls School?

 If yes, Name_____ Year_____

PARENT INFORMATION:

Name of Father (Guardian) _____

Telephone _____ E-mail Address _____

Work Telephone _____Mobile _____

Name of Mother Guardian) _____

Telephone _____ E-mail Address _____

Work Telephone _____Mobile _____

Full Name: _____ Signature of Parent/Guardian: _____

Relationship with Child: _____ Date: _____