470 High Road, Leytonstone, London E11 3HN

Azhar Academy Primary 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 school.

Child's First Name_____ Middle Name_____ Surname_____

Full Address _____

_____ post code _____

Home telephone number _____

Date of Birth_____Age_____

Year group applied for (please tick appropriate):

Reception ( )   Year 1 ( )   Year 2 ( )   Year 3 ( )   Year 4 ( )   Year 5 ( )   Year 6 ( )

Date you wish for your child to start _____

Name & Address of School your child is presently at:

_____

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

If yes, please select the school the sibling is in: Azhar Academy Girls School   (   )

Azhar Academy Primary School (   )

Name of sibling_____

PARENT INFORMATION:

Name of Father (Guardian) _____

Home Telephone _____ Mobile _____

E-mail Address _____

Name of Mother Guardian) _____

Home Telephone _____ Mobile _____

E-mail Address _____

Full Name:_____ **Signature of Parent/Guardian:**_____

Relationship with Child: _____ **Date:** _____