



Al-Furqaan Prep School

Drill Hall House, Bath Street, Dewsbury, WF13 2JR
 01924 453661 | info@alfurqaanschool.org | www.alfurqaanschool.org

Nursery Application Form

Admission applied for (please tick)	2 year old <input type="checkbox"/>	3 year old <input type="checkbox"/>
--	-------------------------------------	-------------------------------------

Child's Details

Date of Birth		Gender	M / F
First Name(s)		Surname	
Address	Postcode		
Is the child a Looked After Child (LAC) by a Local Authority?	Yes / No (If yes please attach details/evidence)		
Does the child have a Statement of Special Educational Needs (SEN)?	Yes / No (If yes please attach details/evidence)		

Name of First Parent/Guardian Living at Home Address above (Father/Mother)

Title		First name		Surname	
Home Address			Employment Details		
Main contact number (Home/ Mobile)			Work/ alternative contact number		
Email address					
NI Number					

Name of Second Parent/Guardian

Title		First name		Surname	
Relationship to child			Parental responsibility?	Yes / No	
Main contact number (Home/ Mobile)			Work/ alternative contact number		
Address (if different)				Work Address	
Email address					
NI Number					

Doctors Details

Name of doctor		Telephone Number	
Address			

Medical Details

Does Your Child suffer from any of the following?	
1. Asthma	Yes/no
2. Food Allergies	Yes/no
If Yes Please Give Further Details	
Medical Allergies	Yes/ no
Is Your Child Taking Any Medication?	Yes / No
If Yes Please Specify	
Any medical or other history which nursery setting should know	

Emergency Contact Details (Other than parents)

(1) Name		Contact number	
Address		Relationship to child	
(2) Name		Contact number	
Address		Relationship to child	

Persons Authorised To Collect Child (Other than parents)

(1) Name:	
(2) Name:	

Supplementary Details

Is your child attending any other nursery setting? If 'yes' please provide details (Name/ Contact/ Hours attending)			
Which school is your child registered to attend?			
Number of Children in Family			
Name of Child	Year of Birth	Position of this child (1 st , 2 nd)	
1.			
2.			
3.			
4.			
5.			
6.			

Persons with legal contact

Does any other person have legal contact with your child? Y/N	NAME	ADDRESS

Non-Compulsory Information

Child's religion		Home language	
Ethnicity (please tick)			
<input type="checkbox"/> ABAN: Asian or Asian British – Bangladeshi		<input type="checkbox"/> MWAS: Mixed – White and Asian	
<input type="checkbox"/> AIND: Asian or Asian British – Indian		<input type="checkbox"/> MWBA: Mixed – White and Black African	
<input type="checkbox"/> APKN: Asian or Asian British – Pakistani		<input type="checkbox"/> MWBC: Mixed – White and Black Caribbean	
<input type="checkbox"/> AOTH: Asian or Asian British – Other		<input type="checkbox"/> MWOE: Mixed White and Other	
<input type="checkbox"/> BAFR: Black or Black British – African		<input type="checkbox"/> WBRI: White – British	
<input type="checkbox"/> BCRB: Black or Black British – Caribbean		<input type="checkbox"/> WIRI: White – Irish	
<input type="checkbox"/> BOTH: Black or Black British – Other		<input type="checkbox"/> WOTW: White – Other	
<input type="checkbox"/> CHNE: Chinese		<input type="checkbox"/> WIRT: Traveller or Irish Heritage	
<input type="checkbox"/> Any Other		<input type="checkbox"/> WROM: Gypsy / Roma	
<input type="checkbox"/> Does the child have a disability (tick if yes)?			

Signature

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT I WILL BE HELD FULLY RESPONSIBLE SHOULD I HAVE FAILED TO DO SO.

DATA PROTECTION STATEMENT: The purpose of this form is to collect data for further processing within the school/systems. Your signature on this form implies your consent for the school to process the data. The data will be processed in accordance with the purposes notified by the school to the Information Commissioner's Office and is subject to the GDPR regulations. The information given will be entered onto a computer and will form part of the School's database. This information will also be shared with Locala, ISA, Kirklees Early Years Team and other relevant agencies. Please see the school's privacy notice for further details.

Signature of first parent/ guardian _____

Signature of second parent/guardian _____

Date ____/____/____

Please provide a copy of your child's birth certificate with this admission form

Please Note:

THIS FORM IS JUST A REQUEST FORM AND DOES NOT GUARANTEE YOUR CHILD A PLACE AT THE SCHOOL.
ACCEPTANCE OF ALL APPLICATIONS WILL BE AUTHORISED BY THE SHURA (COMMITTEE)

FOR OFFICE USE ONLY:

Application Received on ____/____/____ Session: AM PM 2.5 days

Birth certificate received Date of Birth Verified 5 Full days (30 hours)