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## Student Application Form

Please fill the form in **BLOCK CAPITAL** letters using black ink.

### **Student Information:**

Name: ..... Surname: .....

Age: ..... Date of Birth: .....

Mobile No: ..... E-mail: .....

Name of (mainstream) school attending and class level (ie. Year 1, Year 2, etc):

.....

Names of any siblings attending this supplementary school:

.....

### **Parents / Guardian Information:**

Parent/guardian 1: please circle (mother/father/other .....)

Full Name: ..... Mobile No: .....

Address:.....

Home Telephone: ..... E-mail: .....

Parent/guardian 2: please circle (mother/father/other .....)

Full Name: ..... Mobile No: .....

Address: .....

Home No: ..... E-mail: .....

Are the above persons authorised to pick-up my child at the end of each day or in the event of an emergency?          Yes          No

**Please tick one of the below:**

My child travels to and from school by him / herself.

My child will be collected after school.

**Additional Authorised Pick-Up:**

1. Name: ..... Relationship: ..... Contact No:  
.....

2. Name: ..... Relationship: ..... Contact No:  
.....

All students must be picked-up by the person(s) authorised by the registering parent/guardian-should there be changes of plan please inform the office.

**Further Information:**

Is there anything else you would like to tell us before your child starts?

.....

**Consent and Agreement**

We may use some images and video of your child in the school for marketing and publicity material. If you object, then please notify the administration by email.

If my child goes on a supervised trip I understand that I will be asked to complete an additional consent form for that outing.

I understand that the school cannot be held responsible for damage or loss to my child's property whilst attending.

I agree that the above details are correct and up-to-date and that if any of the details change I will inform the school.

Signed:

Date:

**Medical Information:**

Does your child have any allergies that we should be aware of?\_

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Does your child have any special needs that we should be aware of?

.....

Does your child need to have any medication while at school? (If yes, please specify dosage and timing)

.....

.....

Please provide details of your family doctor who we may contact in case of emergency:

Doctor Name: ..... Phone No: .....

Address: .....

**Emergency contact information:**

The first attempt will be made to contact the student’s parents/guardians. Emergency contacts listed below must be able to pick your child up in the event of an emergency.

**Emergency contact 1**

Name: ..... Relationship to student: .....

Mobile No: ..... Other No: .....

**Emergency contact 2**

Name: ..... Relationship to student: .....

Mobile No: ..... Other No: .....

Are the above persons Authorised to Pick-Up My Child at the End of Each Day or in the event of an  
Emergency:    Yes                      No

**Consent for Emergency Medical Care:**

I understand that every precaution is taken to secure the safety of each child. If my child is ill or injured at school and needs emergency care and I cannot be reached, I hereby authorise the Alfurat School to make whatever arrangements seem necessary at the time for my child’s safety.

Signature: ..... Date: .....