

# BRITISH ISLAMIC ACADEMY - APPLICATION FOR ADMISSION



الأكاديمية الإسلامية البريطانية  
BRITISH ISLAMIC  
ACADEMY

Family Name

Date

**PLEASE COMPLETE THIS FORM IN BLOCK PRINT**

## APPLICANT INFORMATION (mandatory)

Family Name (as in passport)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Date of Birth (dd/mm/yyyy)
Middle Name	Country of Birth
Religion <input type="checkbox"/> Muslim <input type="checkbox"/> Other _____	Nationality (as in passport) Ethnic Origin:
First Language	Second Language
Language spoken at home	
Have you applied to BIA before Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of previous application
Last Grade completed	Last Day at previous school and country Curriculum (i.e. British, IB, American, etc)

## REQUESTED YEAR / GRADE & DATE OF ENTRY

Year/Grade sought for entry	Expected date of joining

How did you hear about us?

First Name

## OFFICIAL USE ONLY

Account No.	Student Admissions No.	Year applied for
Date Registration fee paid	Student Roll No.	Age appropriate
Sibs in BIA	Sibs applied to BIA	Class admitted
Assessment Date	Result	

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BRITISH ISLAMIC ACADEMY

## PREVIOUS SCHOOL RECORD

Name of current School		Country	Curriculum
Date of Entry	Date of Leaving	Year/Grade of Leaving	Will the Transfer Certificate indicate the Year group has been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Principal's Name		Email Address	

Name of previous School	City/Country	Period		Year or
		From m/y	To m/y	Grade Level completed

Has your child received any kind of learning or behaviour support and/or experienced any learning difficulties?  Yes  No

Has your child been assessed for any kind of learning or behaviour support and/or experienced any learning difficulties?  Yes  No

If yes, please provide details below (i.e. speech therapy/occupational therapist, duration, etc) and provide copies of reports from the therapists if available.

Is your child taking any medication to assist with learning difficulties?  Yes  No If yes, please provide details below:

Is your child currently receiving any kind of learning or behaviour support?  Yes  No

If yes, please provide details below (i.e. speech therapy/occupational therapist, duration, etc) and provide copies of reports from the therapists if available.

Does your child suffer from any allergies/physical limitations/previous medical issues that we need to be aware of?  Yes  No

Has your child previously been registered on a Gifted & Talented Programme?  Yes  No

## SIBLINGS

Siblings already attending BIA Yes  No

Name	Grade
Name	Grade
Name	Grade

Siblings applying to BIA  Yes  No

Name	Grade
Name	Grade
Name	Grade

**FAMILY INFORMATION****Father/Male Guardian**

Family Name and Title	First Name	Nationality as in Passport	Ethnic Origin:
Mobile No.	Employer	Profession/Occupation	
Office Tel No.	Highest education attained and where?:		
Work Email			
Employer Address			
Local Home Address		Home Tel No.	
Personal/Home Email			

**Mother/Female Guardian**

Family Name and Title	First Name	Nationality as in Passport	Ethnic Origin:
Mobile No.	Employer	Profession/Occupation	
Office Tel No.	Highest education attained and where?:		
Work Email			
Employer Address			
Local Home Address		Home Tel No.	
Personal/Home Email			

**EMERGENCY INFORMATION**

Family Name and Title	First Name		
Relationship to Child	Mobile No.	Home Tel No.	

**ANY ADDITIONAL INFORMATION**

If there is any additional information that the school needs to be aware of, please indicate below, i.e. custody issue, special family circumstances, etc. Any legal issues will need to be supported by documentation and a copy to be provided to the school to be kept in your child's personal folder.

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# BRITISH ISLAMIC ACADEMY - APPLICATION FOR ADMISSION

## ADMISSION

This signed application form does not oblige the school to accept your child. However, once you have been notified of your child's placement decision and the Registration and relevant term fees have been paid a contract is deemed to exist between the school and the parent/guardians, provided that the conditions outlined in the school prospectus and the school regulations are observed.

The school reserves the right to place your child in the Year level deemed to be the most appropriate, within the bounds of Somaliland Ministry of Education guidelines.

## SCHOOL FEES

1. The non-refundable Application Fee of \$50.- is required to process your child's application.
2. For new and continuing students a non-refundable registration fee will be charged. The school will advise of the amount and due date.
3. In order to register your child in the new academic year, you are required to pay the balance of the first term fees at least one month before the beginning of the school year.
4. A student may not start the academic year unless the first term fees have been paid in full.
5. According to Ministry of Education regulations, the school reserves the right to withhold the term report until fees have been paid in full.
6. According to Ministry of Education regulations, the school reserves the right to withhold the final results and abstain from issuing transfer certificates until settlement of all school fees is made.
7. Re-registration will not be accepted unless all fees due have been paid in full.

## TUITION REFUND POLICY

Notice of student withdrawal and application for a tuition refund at the request of the parent/guardian must be made in writing to the school Principal. Policies outlined below govern the school tuition refund.

### I. Existing student withdrawal prior to the start of the academic year

If the student has NOT attended ANY classes, the balance of the first term fee paid is refunded minus any registration fee made for placing the student on the school's official class list. This refund is subject to approval by the Principal.

### II. New student withdrawal prior to start of the academic year

If you are a new student to BIA and have NOT attended any classes, but have paid the full term I fees, BIA will refund the fees minus the deposit paid as outlined in the offer letter.

### III. Student withdrawal during the school year

Fees will be charged for one **full month** if a student attends school for **two weeks or less**. Fees will be charged for **two full months** if a student attends school for more than **two weeks** and less than **one month**.

Fees will be charged for the **entire school term** if a student attends school for **more than one month**.

**Kindly note that school fees are possibly subject to change in accordance with Governing body consensus.**

## INDEMNITY

I agree to my child participating in any educational activities arranged by the school. This includes any field trips out of Hargeisa. In the event of injury to my child or damage to the property of my child while he or she is participating in such activities, or while on the school premises or being transported to or from the school, I will not hold the school/academy or any member of the school/academy staff responsible. The school undertakes, in the event of an emergency, to make every effort to contact the parents. If this is not possible the child will be taken either to a doctor, or to a suitable hospital for treatment.

## PHOTOGRAPHY AND VIDEOGRAPHY

I give permission for myself and my child/ren to be used in school publications, marketing material and in social media. If you wish to opt out please contact the school directly on: [info@britishislamicacademy.com](mailto:info@britishislamicacademy.com)

## DECLARATION

I, parent/guardian of  hereby certify that I have read the above policies and agree to abide by them. I declare that all the information provided in the application form is true, correct and complete and has been offered freely. I also confirm that if information is found to be incorrect the school reserves the right to withdraw any offer of a place, even after a child has commenced the school. I agree to support the School Behaviour Policy, Code of Conduct, Uniform Rules and any sanctions that may be deemed appropriate concerning my child/ren. Furthermore, I hereby authorise the transfer of this information to the school's electronic database.

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please return the completed form, plus the Application fee of \$50.- to the school along with the required documents.

## DOCUMENTS REQUIRED AT THE TIME OF APPLICATION

- Completed Application Form
- 2 recent passport sized photos (*write child's name on back of each photo*)
- 1 copies of applicant's birth certificate (*must be legally translated if not issued in English or Arabic*)
- 1 copies of applicant's passport
- 1 copies of each parent/guardian's passport
- Copies of the school reports for the last 2 years
- Transfer Certificate supporting Year Group applied for.



# Medical and Immunisation Record and Consent Declaration **CONFIDENTIAL**

Please attach a passport-size photograph here.

**Child's Name:** \_\_\_\_\_

**Please complete this form and return it prior to your child starting at BRITISH ISLAMIC ACADEMY (BIA)**

**COMPULSORY ON ACCEPTANCE**

The information provided will be treated as confidential by all staff. If you have any queries please feel free to contact your doctor to answer any questions.

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: MF

Home Tel: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_

Mother's Mobile: \_\_\_\_\_ Address: \_\_\_\_\_

**Alternative Emergency Contact Persons**

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Has your child had any of the following? If yes, please indicate dates in the 'Yes' box.

ILLNESSES	YES	NO
Diphtheria		
Dysentery		
Infective Hepatitis		
Measles		
Mumps		
Pollomyelitis		
Rubella		
Scarlet Fever		
Tuberculosis		
Whooping Cough		
Chicken Pox		
Other		

CONDITIONS	YES	NO
Accidents		
Allergies/Eczema		
Bronchial Asthma		
Congenital Heart Disease		
Diabetes Mellitus		
Epilepsy/Seizures		
G6PD (Glucose6-phosphate dehydrogenase deficiency)		
Rheumatic Fever		
Surgical Operation		
Thalasaemia		
Frequent Gastric Problems		
Frequent Headaches		
Hearing Problems		
Vision Problems/Glasses		
Other		

Please explain any 'Yes' responses in more detail, including treatment and any medications on a regular basis:

\_\_\_\_\_

**Family History:**

Diabetes  Hypertension  Stroke  Tuberculosis  Other, please specify: \_\_\_\_\_

History of: Blood Transfusion  No  Yes, Frequency: \_\_\_\_\_

Hospitalisation  No  Yes, Reason: \_\_\_\_\_

**PARENTAL CONSENT**

As the parent/guardian of \_\_\_\_\_ (print child's name) I give consent to the following:

**Consent for the administration of an over-the-counter medication**

**In the event that your child develops a fever or has pain it may be necessary to administer an over-the-counter medication. If your child is unable to take certain medications, please speak to management.**

I consent to my child being given an over-the-counter medication such as paracetamol or neurofen should it be considered necessary by the School Nurse/first Aider.

Name of Parent (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for emergency treatment**

**In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to a doctor/hospital for diagnosis and treatment. Efforts to contact you will continue.**

I consent to my child being taken to a doctor/hospital in the event of a medical emergency.

Name of Parent (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for medical examination**

According to school health guidelines children require a school physical at certain key stages in their life: **Y1, Y5, Y9, school leavers and any child new to the BIA school system.** This service is currently not offered to you by BIA, however, if you wish to have your child examined by your own family GP please do so within the first term of school. The school will require a copy of the doctor's report to keep on file in your child's health record. We would also like to reassure parents that the safety and wellbeing of the children are of prime importance to us and they are supervised at all times during the examination by the Nurse. As parents you will be notified prior to any examination taking place and will be given the opportunity to attend.

I consent to my child having a school physical.

Name of Parent (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that all consents are valid for the duration of time that your child attends BIA.**

**ON ADMISSION**

**IMMUNISATION HISTORY**

The Academy maintains current information of each child's immunisation history (if you have one). It is therefore important BIA has a copy of your child's immunisation record.

**British ISLAMIC ACADEMY does not have an immunisation programme. Please make an appointment with your doctor for any required immunisations.**

Please tick the appropriate box:

I have attached a copy of my child's immunisation records

I do not have any records

I will bring a copy to the nurse's clinic as soon as possible