

الأكاديمية الإسلامية البريطانية

BRITISH ISLAMIC ACADEMY  
Primary & Secondary School



Inspiring the leaders of tomorrow

Date:.....

**Admission Form**

**Contacts: 0633675447, 063-4231886**

**PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS OF THIS FORM**

\* Discounts offered: 5th youngest child 50% off

\* Fees paid not later than 1st of the month

Child's Surname: \_\_\_\_\_ Child's Forename: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Previous nursery / school attended: \_\_\_\_\_

Child's position in family: \_\_\_\_\_

Please indicate any other children in family:

Boys: \_\_\_\_\_ Ages: \_\_\_\_\_ Girls: \_\_\_\_\_ Ages: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Is English spoken as the 1st language at home:  Yes  No

**MEDICAL INFORMATION**

Does your child suffer from any of the following? Asthma  Yes  No

Allergies  Yes  No If the answer to allergies is yes, please give clear details i.e. peanuts, plasters, milk etc and provide us with a doctor's letter detailing the medical condition.

Doctor's note: seen: \_\_\_\_\_

Does your child have Speech Therapy?  Yes  No

**PARENTAL RESPONSIBILITY**

Please tick the appropriate box for your child.

Mother  Mother & Father  Father  Other

## EMERGENCY CONTACT

Full Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

## OTHER COMMENT

---

---

---

---

---

---

---

---

---

---

## FEES EXPLAINED

- \* All new students will pay a \$20 non-refundable admission fee on enrolment.
- \* August 2018 fees paid on July 1st, September fees on August 1st and so on. July 2018 is free.
- \* Any fees paid is NON-REFUNDABLE. (Ask for details)

## CONTACT US :

[www.britishislamicacademy.com](http://www.britishislamicacademy.com)  
[info@britishislamicacademy.com](mailto:info@britishislamicacademy.com)