

This application will be considered by the School Governors in accordance with the school admission policy (attached) and if accepted, will be subject to the following conditions:

1. Parents/guardians must agree to work in partnership with the staff and governors in the education of their children.
2. All members of the education partnership – parents, staff and pupils – undertake to abide by the rules and regulations of the school as determined by the Governors.

Please complete the following in BLOCK CAPITALS

Surname of Pupil: _____	Forename(s) _____	Date of Birth: _____
Pupil's country of Birth: _____	Ethnicity (for DfE/Ofsted purposes) _____	
Address: _____		Post Code: _____
Contact telephone number(s): (Home) _____ (Work) _____		
Name of Father: _____	Occupation: _____	
Name of Mother: _____	Occupation: _____	
(Mobile 1- Father) _____	(Mobile 2 – Mother) _____	
(Email Address -Father) _____		
(Email Address – Mother) _____		

Present/Previous School: _____
Address _____ Tel. No. _____
Present/Previous Class _____ Class/Year Applying For _____
Special Needs – Does your child have any learning disabilities or any special educational needs? Yes / No
If YES, please give full details _____
Are there any other matters you think the school should know about in the interests of your child's welfare and safety while in school? Yes/No
If yes, please give full details overleaf.

Name and address of your family doctor: _____
_____ Surgery Telephone number: _____
Does your child suffer from any allergies, illnesses, disabilities, etc.? If so, please give full details _____

Please provide 2 emergency contact details that are not parent's details.
(1) Name: _____ relationship to pupil: _____
Contact telephone number(s): _____
(2) Name: _____ relationship to pupil: _____
Contact telephone number(s): _____

Declaration:- I, the undersigned, hereby give permission to the school to access any previous educational history and certify that the particulars on the Admission Form are true, correct and I agree to abide by the rules and regulations governing the school. I understand false and misleading information given on this form could result in my daughter losing her school place.
Please kindly hand/post this form (as soon as possible) with your registration £75.00 fee to the School Admin Office.

Name of Parent/Guardian: _____	Signature _____	Date: _____
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FOR OFFICE USE ONLY

Date received: _____

£75.00 Registration Fee Paid: Yes / No cash/cheque

Date admitted: _____

Enrolled in Year: _____



Al-Ashraf Secondary School for
Girls
Sinope Street, Gloucester
GL1- 4AW
01452 300465
www.secondary.al-ashraf.org.uk



Dear Parents/Guardians

RE: Parents’ Heritage Data

In order for us to understand your background better and to be able to offer your daughter more targeted support, we would be grateful if you could share with us some information about your background heritage.

Please could you answer the following questions and return the form back to the school with your Admission Form.

Due to GDPR regulations, we will NOT share this information with any third party members. This is for AASSG school use only.

Jk
www

Firoza Ismail
Deputy Head

RE: Parents’ Heritage Data

Full name of pupil: Year:

Pupil’s country of Birth:.....

If not born in the UK, how old was your daughter when she moved to the UK:

Mother’s country of birth: Ethnicity:

Father’s country of birth: Ethnicity:

If Father not born in the UK, how many years have you been residing in the UK?

If Mother not born in the UK, how many years have you been residing in the UK?

Main/prominent language spoken at home:.....

Signed..... parent/guardian* Date:.....

*please delete as necessary

N.B. £75 Registration Fee **must** be paid at the time when the form is being submitted. Forms will not be processed without payment.

For online money transfers:

Al-Ashraf Secondary School for Girls

Account Details

Lloyds Bank

Sort Code - 30-93-48

Account - 43004968