

ASPIRE ACADEMY PUPIL REGISTRATION

PLEASE COMPLETE THE FORM IN BLACK INK AND IN BLOCK CAPITALS

1. Please note all information is private and confidential and will be held on file for the duration of your child's duration of study at Aspire Academy.
2. Please give all information as accurately as possible, incorrect information may result in a slow or a cancellation of your child's registration.
3. CURRENTLY THE FACILITY IS OFFERING FOLLOWING TIME SLOTS:

4:30pm – 6:00PM Weekdays	6:00 – 7:30PM Weekdays	09:30am – 12:30PM Weekends	Hifz-Class Weekdays
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SECTION 1: PUPILS PERSONAL DETAILS

FORENAME:	SURNAME:
Address:	Gender: (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Telephone:	Date of Birth:
<u>Medical Information:</u> Surgery Name:	
Telephone Number:	
Does your child have any allergies? (please give information)(yes/no)	

SECTION 2: CURRENT ACADEMIC INFORMATION

NAME AND ADDRESS OF CURRENT SCHOOL:	NAME AND ADDRESS OF PREVIOUS/CURRENT MADRESSAH:
Current Reading level in Islamic Studies:	Current Level in Hifz:

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SECTION 3: PARENT/CARER INFORMATION

- Notes
1. A pupil's parent/carer is defined as his/her natural parent and any other person who is his/her carer, has parental responsibility for, or is liable to maintain him/her.
 2. Please highlight on the form the person responsible for getting the pupil to and from the centre.
 3. The mobile number for the main parent will generally be used to contact parents by centre Text Messaging Service.

When a child is ill or hurt, we will make the first contact as per chosen priority.

Name:	Relationship to Child:
Daytime Telephone No:	Mobile No:
Place of work:	Email Address:
CAR REGISTRATION NUMBERS (please indicate all cars)	

Name:	Relationship to Child:
Daytime Tel No:	Mobile No:
Place of work:	Email Address:

SECTION 4: DECLARATION

Data Protection Act 1998 - The information provided by you and by relevant third parties will be used to verify/assess your application and for school administration.

I consent to the use of the above information for the above stated purposes. I declare that to the best of my knowledge the information given in this registration application is true and correct.

Signature of Parent/Carer: _____

Print Name: _____ **Date:** _____

For Office Use Only:
Student ID No. _____ Level: _____ Payment Mode: _____