Al-ANSAR CENTRE FOR COMPREHENSIVE EDUCATION

Address and contacts

APPLICATION FOR ADMISSION

Indica	ate the section	n you are apply	ring for:			
Nurs	ery	Primary	Seconda	ıry	Islamiyyah	
1. AP	PLICANT'S	PERSONAL I	DETAILS:			
a.	Name:	Surname	Middle Name		First Name	
b.	Date of Birt	:h:				
c.	Age:			d. Gender:		
e.	Nationality:		1	f. Religion:		
g.	Class for wl	hich admission	is sought:			
h.		O	the school/Age			
	ii					
	iii					
2. PA	ARENT'S DI	ETAILS:				
FATI	HER:					
a.	Name:					
b	Occupation	<u>:</u>				
C	Raligion:					

f. Other Numbers:	d.	Residential address/Phone No.:
g. State of Origin:	e.	Office address/Phone No.:
h. Signature:	f.	Other Numbers:
MOTHER: a. Name:	g.	State of Origin:
a. Name:	h.	Signature:
b. Occupation:	МО	THER:
c. Religion:	a.	Name:
d. Residential Address/Phone No.: e. Office Address/Phone No.: f. Other Numbers: g. State of Origin: h. Signature: If no, who takes care of the GUARDIAN Name:	b.	Occupation:
e. Office Address/Phone No.: f. Other Numbers: g. State of Origin: h. Signature: If no, who takes care of the GUARDIAN Name:	c.	Religion:
e. Office Address/Phone No.: f. Other Numbers: g. State of Origin: h. Signature: If no, who takes care of the GUARDIAN Name:	d.	Residential Address/Phone No.:
g. State of Origin:h. Signature: If no, who takes care of the GUARDIAN Name:	e.	Office Address/Phone No.:
h. Signature: If no, who takes care of the GUARDIAN Name:	f.	Other Numbers:
Are the two parents still together? If no, who takes care of the GUARDIAN Name:	g.	State of Origin:
GUARDIAN Name:	h.	Signature:
Name:	Are	the two parents still together? If no, who takes care of the child
	G U	ARDIAN
Occupation:	Nan	ne:
	Occ	upation:
a. Address/ Phone Numbers:	a. Ao	ddress/ Phone Numbers:

l. Em	ergency contact for notification in the event of an emergency:
a.	Name:
b.	Relationship:
c.	Contact/Phone Number:
d.	Tick appropriately:
	i. Administer First Aid and call parents.
	ii. Administer First Aid and take to hospital.
. HE	EALTH DETAILS
a	. Any allergic reactions?
b.	Any health condition we should know about? Example; head injury, leg/hand fractures, eyesight, hearing, e.t.c
c. H	Ias the child gone through any traumatic experience?

Reason(s):	
b. What does your child enjoy doing in his/her leisure?	
. On submission of this form you are required to come with the fol	lowing:
i. Two (2) recent passport sized photographs.	
ii. Photocopy of Birth certificate.	
iii. Photocopy of last report sheet from previous school.	
iv. A letter of recommendation on behaviour	
FOR OFFICIAL USE	
Interview Result Grade the child with a score between 0 - 5	
1. Quran hifz 2. English language 3. Mathematics 4. General Knowledge 5. Arabic	
Remarks:	
Name of examiner: sign/date:	