



BoysSchool
 326 – 340 Dunstable Road
 Luton
 Beds
 LU4 8JS

GirlsSchool
 12-16 Portland Road
 Luton
 Beds
 LU4 8AX

Charity Number : 1082410
 DSCF Number : 821 / 6001

Tel/Fax: 01582 481730

Tel/Fax: 01582 493239

In the Name of Allah, the Most Merciful, the Most Kind

APPLICATION FORM

PLEASE READ THE FOLLOWING BEFORE YOU FILL OUT THE APPLICATION FORM:

- 1.) This declaration must **be read carefully and signed** at the **end** of the form or your application will **not** be considered.
- 2.) Information in the application forms will be kept confidential.
- 3.) The governing body has the right to refuse and withdraw applications at their own discretion.
- 4.) If for some reason your application has been rejected, then you may re – apply or appeal.
- 5.) If your application is successful, then you are strictly obliged to follow the **Code of Management** of the school.
- 6.) At Rabia Education Trust we will cater and accommodate children with SEN and EAL and will collaborate with parents to ensure that their needs will be fully met. Should a pupil be diagnosed as SEN during their time at the school, the school will determine the level of need for the child and support parents to have the child assessed by the appropriate authorities and follow the SEN code of conduct. The school will also support parents in liaising with outside agencies such as speech therapists where applicable. We will ensure that we do not discriminate pupils who are SEN/EAL in line with the SEN and Disability Act, however due to limited specialist staff parents will need to meet the costs of any subsequent external assessments and provisions for their child. Failure to disclose on the application might lead to the removal of the child subsequent to admission.
- 7.) When signing this form you are signing to **agree to pay all financial fees** involved in the academic year of your child. There is a one off £85.00 registration fee for each child.

FOR OFFICE USE ONLY

NAME OF CHILD:

Date of birth.....

Admitted : Yes / No (please circle)

Age.....

Date Received

To start.....

Date Started.....

Admission Number

Class admitted

RULES & REGULATIONS

1. All new applicants will have to pass the admission test and all admissions will remain valid for ONE academic year only.
2. Disclosure of all previous character and conduct is necessary.
3. All Islamic laws and regulations will have to be followed in all aspects of life particularly in prayers, dress and social affairs etc.
4. To insult the Trustees, teachers or any member of staff will be judged inexcusable and any student found guilty will be liable for dismissal. Rabia Girls/Boys School reserves the right to expel any student when it seems necessary.
5. Any pupil expelled will have no legal remedy against Rabia Girls/Boys School.
6. Students will be liable to pay for damages they cause to the property of RabiaGirlsSchool.
7. All the above rules and regulations and any future rules will have to be covered fully.
8. In the event of students being withdrawn by parents or permanently excluded after the six week trial period whatever reason, **no refund of educational contributions will be given.** The fees for the remaining academic year will all be due from students, parents or guardians.

DECLARATION

1. The information given on this form is true and accurate to the best of my knowledge. I understand that my application will be disqualified if I knowingly give false information
2. I have read or had explained to me and understand all the rules and regulations on the form.
3. I accept to follow the rules and regulations of Rabia Girls/Boys School

Your signature: (Applicant): _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

Please tick the boxes and enclose the following with your application:

1. Have you fully completed the form.
2. Completed a medical form.
3. Previous schools Report and Exam results.
4. Certificate from the applicants Islamic teacher.(if applicable)
5. Have you enclosed the registration fee



DETAILS ABOUT THE CHILD

Name of child.....

Address.....

.....Post Code.....

Telephone..... Place of birth.....

Age..... Date of birth.....

Nationality..... Period of UK residence.....

DETAILS ABOUT THE PARENTS / GUARDIAN

Name of Father / Guardian.....

Address of Parent / Guardian (if different from above).....

.....Post Code.....

Telephone..... Nationality (father).....

Father's occupation(s)..... Mother's occupation(s).....

Have you lived in the country for the last five years? **Yes / No (please circle)**

If No, then please state your full previous address, and the previous country of residence.....

.....

.....

DETAILS OF TWO MAHRAM PERSONS

M a h r a m 1		M a h r a m 2	
Surname:		Surname:	
Forename:		Forename:	
Address:		Address:	
Telephone:		Telephone:	
Mobile No:		Mobile No:	
Email Address:		Email Address:	
Relationship:		Relationship:	

PREVIOUS EDUCATION

Has your child attended any previous schools? (If No, then please ignore)
If Yes, the please give the details in the table below.

Name of School	Address and Telephone number	Date (Started)	Date (Leaving)	Reasons for leaving

Did your child need any additional learning assistance in their previous school? If yes, please comment...

.....

Does your child suffer from any behavioural problems that might affect their education or learning in any way? If yes, please comment.....

.....

.....

LANGUAGE SUPPORT

Does the child speak English fluently? **Yes / No** (please circle)

Does the child speak any other language? **Yes / No** (please circle) If so, which language? _____

Can the child read the Arabic alphabet? **Yes / No** (please circle).

Can the child read the Qur'an? **Yes / No** (please circle)

Which language is mostly spoken at home, by the whole family. _____

DISABILITY INFORMATION

In order for us to provide the best available support for your child, we need to know about the nature of any disability or illness and how it might affect their studies. Please note all information will be treated confidentially. Please answer the questions as fully as possible.

Is the child registered disabled with the UK Department for Education and Employment (Dfes)? **Yes / No**

If yes, please give details.....

.....

MEDICAL INFORMATION

Doctor's Name.....

Address.....

.....Post code.....

Telephone..... NHS Number.....

Does your child suffer from any type of illness? **Yes / No** (please circle)

If yes, please comment.....

.....

Is your child on any sort of regular medication or medical treatment? **Yes / No** (please circle)

If yes, please fill out the table below:

Name of Medication / Treatment	For which Illness	How often is the medication required

If there are any comments you would like to make regarding your child's health, please mention them.....

.....

.....

Do you give permission to administrate medication to your child at school.? **Yes / No** (please circle)

MISCELLANEOUS INFORMATION

Does the child attend a masjid on a regular basis? **Yes / No** (please circle)

If yes, please give details.....

.....

Does your child participate in any regular extra curriculum activities? **Yes / No** (please circle)

If yes, please give details.....

.....

Do you have a TV in the house? **Yes / No** (please circle)

Please use the space below to tell us about your child's hobbies and interests, or any other additional information relevant to this application.....

.....

.....

Does your child have access to the internet?

Yes / No (please circle)

If YES, please explain where.....

How long does your child spend on the Internet ?

Would you allow monitoring of your internet activities by the school? Yes / No (please circle)

Does the father observe the 5 Fardh Salah?

Yes / No (please circle)

Does the mother observe the 5 Fardh Salah?

Yes / No (please circle)

Does your child read Salah regularly?

Yes / No (please circle)

Is there any other information you would like to share with the school about your child that would be beneficial to the school?

.....
.....

Who else lives at this address ?

.....
.....

Are the rules of segregation observed within your family and at family gatherings? Yes / No (please circle)

Why do you want to put your child into this school?

.....
.....
.....
.....

What are your expectations from school?

.....
.....
.....

How much time does the father spend at home every day, with the children? _____hrs

Does your child have a mobile telephone?

Yes / No (please circle)

Do you realise that all fees are non refundable?

Yes / No (please circle)

Will you support and help the school ?

Yes / No (please circle)

Would you allow the school to perform a home visit ?

Yes / No (please circle)

EMERGENCY CONTACTS

Name of contact 1Relation to child.....

Address.....

.....Post Code.....

Telephone.....

Name of contact 2 Relation to child.....

Address.....

.....Post Code.....

Telephone.....

Please read the following before signing the declaration:

- 1.) **Information in the application forms will be kept confidential.** However, if there is any particular matter that you have deliberately not mentioned in the application, then please refer this matter to one of the governors.
- 2.) If your application is successful then you as a parent or guardian are strictly obliged to follow the **Code of Management** of the school as laid down by the school governors.
- 3.) When signing this form, you **are signing to agree to pay all the financial fees involved** in the academic year of your child.
- 4.) Please note that fees should be paid as agreed. **Fees not paid on time will lead to various financial penalties** as laid down by the school governors. Your child could be liable for expulsion if the fees are not paid on time.
- 5.) Fees are non refundable unless at the discretion of the school governors.

OFFICE USE ONLY NOTES AND FINANCIAL AGREEMENT

I have filled out this application as correct as possible. I have read and fully understood the above rules and regulations and I agree to abide by them and all the school policies.

I give consent to Rabia Girls / BoysSchool to educate my child.

Name of Parent / Guardian.....

Signature of Parent / Guardian.....

Date.....

<input type="radio"/> £75 Admin fee	<input type="radio"/>
<input type="radio"/> Call parents to arrange visit	<input type="radio"/>
<input type="radio"/> Send letter to confirm visit (Time + Date)	<input type="radio"/>
<input type="radio"/> Send text to confirm times	<input type="radio"/>
<input type="radio"/> Pencil in diary appointment	<input type="radio"/>
<input type="radio"/> Letter of Confirmation with start date	<input type="radio"/>