

# LANTERN ACADEMY ADMISSION FORM

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## PUPIL'S PERSONAL INFORMATION

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_  
School Attending: \_\_\_\_\_

## PARENTS/GUARDIANS INFORMATION (MAIN CONTACT)

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Contact Tel (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

(Telephone numbers are kept for the teacher's record so that the parents may be informed of the pupil's progress, behavior, attendance or absence)

## PREVIOUS QURAN ACADEMY

Name of academy attended: \_\_\_\_\_ Period of time attended: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## NEXT OF KIN (EMERGENCY USE)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Contact Tel (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

## SPECIAL NEEDS

Does your child have any special needs? e.g. Autism, Learning Difficulties, ADHD etc.

Yes

No

Please provide more details:

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## ALLERGIES

Does your child have any allergies?

Yes

No

Please provide more details:

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## CLASSES

Mon & Fri (16:45 – 18:30)

Tues & Thurs (16:45 – 18:30)

Mon & Fri Evenings (18:45 – 20:15)

Wednesday - iSyllabus (16:45 – 18:30)

Saturday School (10:30 – 13:30)

Saturday iSyllabus (10:30 – 12:30)

Sunday School (11:00 – 14:00)

Sunday iSyllabus (11:00 – 13:00)

## DECLARATION

I, the parent guardian of the above-named child take complete responsibility of the pupil's behavior, progress, attitude and punctuality and will abide by the conditions of admission. I solely take responsibility of the fulfillment of the Rules and Regulations of the Education Department of Lantern Academy which were provided to me by the Lantern Academy at the time of my child's admission. I also give consent to use my child/ren's pictures.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_