## **Application Form**



Secondary School & College 1 Cornwall Avenue, London E2 OHW Tel. 020 8980 2673, 020 8983 3663 email.info@darulhadis.org.uk www.darulhadis.org.uk

Student Details:			
Surname:	First Name:		
Date of Birth:	Place of Birth:		
Address:			
		Post Co	ode:
Ethnic Origin:			
Parents/Guardians Details	:		
Father's Name:			
Mother's Name:			
Home Telephone:			
Guardian's Name:			
Telephone:	Work Telephone:		
Educational Details;			
Full Name of Present Schoo	1:		
Address:			
Post code:	Telephone:		
KS2/KS3 current levels: English:	Mathematics:	Science:	
Other information:			
Does the student have any disability or illness?		Yes	No
Does the student require any special educational needs?		Yes	No
Is the student under supervision from any local authority?		Yes	No
Has the student ever been involved with the Police?		Yes	No
Does the student have any special problems, physical or mental?		Yes	No
If yes please give details:			
Applicant Name:		gnature:	
Relation with student:		Date:	