

## Student Form | Form A

First Name	<input type="text"/>	Middle Name/s	<input type="text"/>
Surname	<input type="text"/>	Preferred Name	<input type="text"/>
		(The name he/she prefers to be called, if different from first name)	
Date of Birth	<input type="text"/>	Gender	<input type="text"/>
First Language	<input type="text"/>	Second Language	<input type="text"/>
Ethnicity	<input type="text"/>	School Name	<input type="text"/>

**Special Educational Needs (SEN)** Please write details of any conditions, e.g., dyslexia, autism, etc., your child has. Please provide us with a **copy** of any relevant SEN reports or ILPs (Individual Learning Plans) your child has.

  

**Medical Notes** (Please write details of any medical conditions, e.g., asthma, epilepsy, allergies, diabetes etc., your child has. Please provide details of any medicine your child takes regularly or in emergencies.)

  

**Islamic Education** (Please write the name of the teacher or institute he/she previously studied under and what they learned.)

  

Do you consent for your child to be photographed or videoed for the purposes of including in promotional materials

Name	<input type="text"/>	Relation (to student)	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>