



LEICESTER ISLAMIC ACADEMY
1 Stoneygate Road
Leicester LE2 2AB
TEL: (0116) 2705343 Fax: (0116) 2448503

APPLICATION FOR ADMISSION

Surname:		Other Names:		M/F
Date of Birth:		Place & Country of Birth:		
Nationality:	Religion:	Mother Tongue:		
Father/Guardian:		Mother:		
Address:		Post Code:		
Present Address if different from above:				
Parent/Guardian Occupation:				
Telephone (Home):	Work:	Emergency:		
Mother's occupation (If working):				
Telephone (Mother's place of work):				
Name of sibling at this school (if any) :			Year:	
Last School Attended:				
PLEASE ENCLOSE LAST SCHOOL REPORT WITH THE COMPLETED APPLICATION FORM				
Health (Serious illnesses, allergies):				
Name of Family Doctor:				
Address of Practice:				
ACCEPTENCE: SUBJECT TO ASSESSMENT TEST				
I hereby apply for admission of my child to the School, and certify that all the above details are correct.				
Date:		Signature Parent/Guardian:		
Full Name (Please Print):				
OFFICE USE ONLY				
Date Application Received:		Report Enclosed:		
Date of Assessment:		Date of Admission:		
Date Admission fee paid:				