

REGISTRATION FORM

Office use only

Registration fee: Cash Cheque

Receipt Number : _____



Child's Details

Surname _____

First Name(s) _____

Address _____

_____ Postcode _____

Date of Birth _____ Telephone No _____

Current school _____

Address _____

_____ Postcode _____

Telephone _____ Fax _____

What year is your daughter currently in? Year 6 Year 7 Year 8 Year 9 Year 10

Is the child "looked after" by a Local Authority? YES NO

(Sometimes referred to as "being in care")

If YES, which Local Authority? _____

Does the child have a special educational, medical or domestic need? YES NO

If so, please give details below and, if necessary, continue on a separate sheet. You must also attach supporting evidence from a recognised professional.

Does the child have a Statement of Special Educational Need? YES NO

Parent/Guardian Details

Full Name of Parent/Guardian _____

(Mr/Mrs/Miss/Ms)

Address _____

_____ Post Code _____

Home Tel No _____ Work Tel No _____

Mobile Tel no _____

Email address _____

Relationship to child _____

Do you have legal responsibility for this child? Yes No



Does the child that this application relates to have a sister already attending this school?

YES

NO

If YES, please provide the following information relating to the sibling:

Surname _____

First Name(s) _____

Address _____

_____ Postcode _____

Date of Birth _____ Form _____

Please give details of any brothers and sisters who are currently attending Manchester Muslim Preparatory School or KD Grammar School for Boys.

Name	D.O.B	Form	School

Ethnic Background

Please study the list below and tick one box only to indicate the ethnic background of the child requiring a place at secondary school.

- | | | | |
|---------------------------------|--------------------------|----------------------------|--------------------------|
| White - British/European | <input type="checkbox"/> | Black - Caribbean heritage | <input type="checkbox"/> |
| Black - African heritage | <input type="checkbox"/> | Black - Other | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Any other minority ethnic group | <input type="checkbox"/> | Arab | <input type="checkbox"/> |

(please specify) _____

Parents Declaration

- Your daughter/ ward must be in Year 6 (or above where applicable)
- Please enclose a fee of £40.00, for your form to be processed.
- All parts of this form must be completed. Incomplete forms will be returned.
- All cheques should be made payable to MIHSG, with your daughters name clearly printed on the back.
- **Please enclose a copy of either your daughters Birth Certificate or the Identification page of her passport.**
- **Please post your applications to: The Registrar, 55 High Lane, Chorlton, Manchester, M21 9FA Tel: 0161 881 2127**

Signed _____ (Parent/Guardian)

Date _____