

AL-IHSAAN COMMUNITY COLLEGE

1 Kamloops Crescent, Leicester, LE1 2HX

Tel: 0116-2161 494 Email: admin@alihsaancollege.org



ADMISSION FORM

STUDENT DETAILS

Name:

Address:

Postcode: Telephone.:

Date of Birth: Age at time of Admission:

First Language: Place of Birth:

Date of Admission: No. of years in UK:

PARENTAL DETAILS

Father's Name: Occupation:

Mother's Name: Occupation:

Home Phone: Work Phone:

Father's Mobile: Mother's Mobile:

Father's Email: Mother's Email:

PREVIOUS EDUCATION

Name of School or Centre:

Address:

Postcode: Phone No.:

KEY STAGE 2 SATS RESULTS

English: Mathematics: Science:

DETAILS OF WHOM TO CONTACT IN AN EMERGENCY

Name: Relationship:

Address:

Postcode: Home Phone: Mobile:

MEDICAL INFORMATION

Name of GP:

Address:

Postcode: Phone No.:

Please indicate any medical conditions e.g Diabetes, Asthma, hayfever etc
(If your child requires medication to be administered by school staff please
request a medical request form from the office)

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**Please either complete this form and email us at the following address
admin@alihsaancollege.org or bring it to the school office with the following:**

1. Students' birth certificate
2. Previous school's report/certificates
3. £50 admission fee (if your daughter if given a place)