

**For office use only**

Date received:		Application number:	
Offer:		Acceptance:	

**Al Khalil College - Secondary School****Application for Admission**

- Please complete the form below clearly in **BLACK INK** and **BLOCK CAPITALS**
- Seal in an envelope and send to:  
**Al Khalil College, Admissions Office, Abbotsford House, 129-131 Abbotsford Place, Glasgow, G5 9SS**
- Alternatively send it via email to **admissions@alkhalilcollege.com**
- For further information or assistance, please contact the school directly via email or by phoning **0141 258 5951**

**Application Details**

Proposed year of study:	
Proposed date of entry:	___ / ___ ( mm / yyyy )

**Student's Details**

Surname:	
Forenames:	
Address:	
Date of Birth:	___ / ___ / ___
Gender:	

## Previous schools

School Name:	
Address:	
Head Teacher:	
Dates attended:	From ___ / ___ / _____ to ___ / ___ / _____
Telephone:	

School Name:	
Address:	
Head Teacher:	
Dates attended:	From ___ / ___ / _____ to ___ / ___ / _____
Telephone	

School Name:	
Address:	
Head Teacher:	
Dates attended:	From ___ / ___ / _____ to ___ / ___ / _____
Telephone	

**Parent / Guardian Information**

**Parent / Guardian A**

Name:	
Relationship to child:	
Occupation:	
Address (if different from child's):	
Telephone (home):	
Telephone (mobile):	
Email:	

**Parent / Guardian B**

Name:	
Relationship to child:	
Occupation:	
Address (if different from child's):	
Telephone (home):	
Telephone (mobile):	
Email:	

## Parent's Declaration

As parent(s) or guardian(s) of \_\_\_\_\_ (child's name),

I/we apply for a place at Al Khalil College for him/her to become a pupil at the school with effect from the Admission Date specified above. I/we also accept that this application is subject to Al Khalil College's current admissions policy as of the date this application is received by the school. I/we recognise that there is no obligation on Al Khalil College to offer him a place at the school or accept him as a pupil.

Furthermore, I/we also authorise his current school (named above) to confirm to the Headteacher whether all of his fees have been paid to the said school and to disclose any relevant information on our child. I/we also authorise the Headteacher to disclose this application and authorisation to that current school.

If Al Khalil College offers a place at the school for my/our child, then I/we understand that Al Khalil College will consider the offer as being declined if I/we do not accept by the deadline stated on the letter of offer.

It is important, in the interest of the child, for the parent(s)/guardian(s) to advise the Headteacher of any disabilities, medical conditions or other circumstances which we should be made aware of and which may require him to be given special assistance at Al Khalil College. Please give specific details in the space below:

### Signed:

Parent/Guardian A:		Date:	
Parent/Guardian B:		Date:	