



# UK Islamic Mission

Khizra Mosque Supplementary School

425 Cheetham Hill Road, Manchester, M8 0PF Tel: 0161 205 6662

[www.khizramasjid.org](http://www.khizramasjid.org) email:school@khizramasjid.org



## Personal details update- to be completed at start of each academic year.

At the start of each academic year it is important for the supplementary school to have updated & correct details for each child to ensure our records are up to date. Please can you complete the form below and return to your teacher as soon as possible.

For Parent/Guardian to complete: Child's Surname..... First Name(s).....

Date of Birth..... BOY  GIRL  (Please tick)

Address.....

Postcode.....email:..... Tel no for parents:..... mobile no:.....

Names of Parent(s)/Guardian or responsible adult with whom my child lives.....

Language's spoken at home:.....

Allergies known:..... Medical illness and medicine taken:.....

Name and address of primary/secondary school attended:.....

Name and address of GP:.....

Does your child suffer with learning difficulties and have special learning needs at school or home, please provide us with this Information:.....

My child's brother/sister already attends this school: YES  NO  (Please tick)

Name(s) of sibling & class:..... Name(s) of sibling & class:.....

Name(s) of sibling & class:..... Name(s) of sibling & class:.....

### Emergency contact details:

1. Name:..... Relationship:.....

Address:.....

..... Phone number..... Mobile number.....

2. Name:..... Relationship:.....

Address:.....

..... Phone number..... Mobile number.....

I understand that it is my responsibility to cancel any standing order if the above named student leaves the school and any extra payment made due to failure to cancel the standing order will not be refunded. I confirm I will inform the office of any changes to the personal details of my child and have provided correct details whilst completing this form and I understand providing incorrect information is against the teachings of Islam.

Signed..... Name of parent..... Relationship to child:..... Date.....

\*Photographs or videos may be taken of those participating in activities to be used for promotional purposes only. We operate an opt-out policy in respect of this. Should you wish to opt-out on behalf of your child, please confirm this in writing.

FOR OFFICE TO COMPLETE:

All information provided as requested.

Date provided:.....

Signed.....

Name.....

**Version 3 11.11.16.**