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100 Queens Road, Walthamstow, E17 8QP

Location Address:

Frederick Bremer School

Siddeley Road, Walthamstow, E17 4EY



Family Details Form

If you have more than one child applying, one of these forms will be sufficient, as long as all the details mentioned below are the same; i.e., they live at the same address, etc.

Home Address and Phone

First Line	<input type="text"/>	Second Line	<input type="text"/>
Third Line	<input type="text"/>	Town/City/County	<input type="text"/>
Postcode	<input type="text"/>	Landline Phone no.	<input type="text"/>

Father

First Name	<input type="text"/>	Middle Name/s	<input type="text"/>
Surname	<input type="text"/>	Occupation	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>
First Language	<input type="text"/>	Second Language	<input type="text"/>
Address (If different)	<input type="text"/>		

Mother

First Name	<input type="text"/>	Middle Name/s	<input type="text"/>
Surname	<input type="text"/>	Occupation	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>
First Language	<input type="text"/>	Second Language	<input type="text"/>
Address (If different)	<input type="text"/>		

Other Guardian (Please complete this if the child is living with someone other than the mother or father.)

First Name/s	<input type="text"/>	Relation (to child)	<input type="text"/>
Surname	<input type="text"/>	Occupation	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>
First Language	<input type="text"/>	Second Language	<input type="text"/>

Continued overleaf

Communications - The *madrassah* sends important text messages and emails. If parents have trouble reading or understanding English, please give contact details for a household member who will relay those messages to the parents.

Name	<input type="text"/>	Relation (to child)	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>

Emergency Contact - This is someone who does not live with the child, like an uncle, grandparent or neighbour. We will contact them if we cannot get through to the family in an emergency)

First Name/s	<input type="text"/>	Relation (to child)	<input type="text"/>
Surname	<input type="text"/>	Phone number	<input type="text"/>

Travel – Who is likely to collect the child from school and what’s their relation to the child, or will your child be going home alone. How is the child to likely to travel (walk, bus, etc.)?

Notes

Please bear in mind that we often have a waiting list of students wanting to join. Sometimes, a place may become available for one of your children before the others due to the class numbers.

Although we will try our best to offer you a space in your preferred time-slot, we cannot guarantee that will be possible.

➔ **Please include a copy of each child’s most recent school report.**



Completed forms can be sent to us via:

Email: fatimahelizabethcatesacademy@gmail.com

thisishamid@gmail.com

Postal Address:

Fatimah Elizabeth Cates Academy

100 Queens Road, Walthamstow, E17 8QP



If you are filling in the forms on a computer, either print the completed form and sign it, or email it to us and we can print it for you ready for you to sign when you come in.

Once your child is offered a seat, you will be expected to pay the first term’s fees & Administration fees* to confirm and reserve their seat. Until then, the seat will remain available to others on a first-come-first-serve basis.

*Admin Fee includes the payment for (1) Safar Islamic Studies Text Book (2) Exercise book (3) Qa’idah or Tajwid book (4) Memorisation book (5) Student Diary

Official use only Date Filed by Application no.