



www.fatimahelizabethcates.co.uk

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☎ 07921847875

Postal Address:

100 Queens Road, Walthamstow, E17 8QP

Location Address:

Frederick Bremer School

Siddeley Road, Walthamstow, E17 4EY

Student's Details Form

First Name	<input type="text"/>	Middle Name/s	<input type="text"/>
Surname	<input type="text"/>	Preferred Name	<input type="text"/>
		<small>(The name he/she prefers to be called, if different from first name)</small>	
Date of Birth	<input type="text"/>	Gender <small>(Male/Female)</small>	<input type="text"/>
First Language	<input type="text"/>	Second Language	<input type="text"/>
Ethnicity	<input type="text"/>	Child number	<input type="text"/>
		<small>(Please state if he/she is the eldest, youngest, middle or only child)</small>	
School <small>(Which school do they attend for the National Curriculum?)</small>	<input type="text"/>		

Current Available Programmes (Circle relevant programme)

1	Saturday ONLY <small>9:15am – 1.15pm</small>	2	Sunday ONLY <small>9:15am – 1.15pm</small>	3	Saturday & Sunday <small>9:15am – 1.15pm</small>
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Special Educational Needs (SEN) Please write details of any conditions, e.g., dyslexia, autism, etc., your child has. Please provide the school with a copy of any relevant SEN reports or ILPs (Individual Learning Plans) your child has.

	Please include a copy of child's most recent school report	<small>Official use only</small> <input checked="" type="checkbox"/>

Medical Notes (Please write details of any medical conditions, e.g., asthma, epilepsy, allergies, diabetes etc., your child has. Please provide details of any medicine your child takes regularly or in emergencies.)

	Please fill in the 'Family Details Form' and attach with this document	<small>Official use only</small> <input checked="" type="checkbox"/>

Islamic Education (Please write the name of the teacher or institute he/she previously studied under and what they learned.)

Fatimah Elizabeth Cates Academy may use audio or visual recording in learning activities or occasionally for promotional purposes, in which case you may ask for your child to be excluded below:

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I declare all the information provided above to be true and complete.

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Name	<input type="text"/>	Relation <small>(to student)</small>	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

Please email **both** this form & the 'Family Details Form' to FEC Academy or send to our Postal Address (100 Queens Road, Walthamstow, E17 8QP) - Please do not forget to include student's most recent school report.

Official use only	Date	<input type="text"/>	Filed by	<input type="text"/>	Application no.	<input type="text"/>
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