## 

**www.fatimahelizabethcates.co.uk**

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**Postal Address:** 🖃

100 Queens Road, Walthamstow, E17 8QP

**Location Address:**

Frederick Bremer School

Siddeley Road, Walthamstow, E17 4EY

**Student’s (Pre School) Details Form**

*Saturdays 9.15am-12.15pm*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  | | | | Middle Name/s | |  | |
| Surname |  | | | | Preferred Name | |  | |
|  | | | | | (The name he/she prefers to be called, if different from first name) | | | |
| Date of Birth |  | | | | Gender (Male/Female) | |  | |
| First Language |  | | | | Second Language | |  | |
| Ethnicity |  | | | | Child number  (Please state if he/she is the eldest, youngest, middle or only child) | |  | |
| Does your child have sibling(s)at FEP | Yes *Name* *2 siblings max*  No *Fill Family Details form* | | | | *Sibling 1 name and DOB* | |  |  |
|  | *Sibling 2 name and DOB* | |  |  |
| List any nurseries/groups your child attends | | | | |  | | | |
| Where did you hear about the Kaydeena Pre School | | | | |  | | | |
| 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**  **Official use only**  🗹 | | | | | | | | |
|  | | | | | | | | |
| 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**  **Official use only**  🗹 | | | | | | | | |
|  | | | | | | | | |
| Islamic Education (Please write the name of the teacher or institute he/she previously studied under and what they learned.) | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Fatimah Elizabeth Phrontistery or Kaydeena may wish to use audio or visual recording in learning activities or occasionally for promotional purposes. Please indicate in the boxes whether you consent to this: Yes No | | | | | | | | |
| I declare all the information provided above to be true and complete. | | | | | | | | |
|  | | | | | | | | |
| Name |  | | | | Relation (to student) | |  | |
| Signed |  | | | | Date | |  | |
| Please email **both** this form & the ‘Family Details Form’ to FEP 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 |  | Filed by |  | | Application no. |  | |