

WALTHAM FOREST  
**NOOR UL ISLAM**

TRUST  
Charity Registration: 1017780  
PRE-SCHOOL: 715 HIGH ROAD, LEYTON, LONDON E10 5AB TEL: 020 8558 3014  
Email: preschool@noorulislam.co.uk

Also:  
HEAD OFFICE / ACADEMY: 713 HIGH ROAD, LEYTON, LONDON E10 5AB TEL: 020 8558 0786  
MASJID: 711 HIGH ROAD, LEYTON, LONDON E10 6RA  
PRIMARY SCHOOL: 135 DAWLISH ROAD, LEYTON, LONDON E10 6QW TEL: 020 8558 8765

**INITIAL APPLICATION FORM FOR NOOR UL ISLAM PRE-SCHOOL**

Please complete the form below in order for your child to be placed on the waiting list, and return the completed form to the pre-school. Please note this is only an initial application form for your child to be placed on the pre-school waiting list. When a suitable place is available you will be contacted. For any further information please contact the pre-school.

**You should only complete this form (accurately in CAPITALS) if your child is over 2 ½ yrs old. The pre-school will NOT accept any form for children younger than this, and any such applications will be automatically REJECTED.** If your child is under 2 ½ years please retain this form until he/she reaches this age before submitting it to the pre-school.

After submission you must inform us of any changes to the information you supply below.

Child's Full name: \_\_\_\_\_

Gender (Please tick): Male  Female

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Parents' / Carers' daytime tel. numbers: \_\_\_\_\_ / \_\_\_\_\_

Parents' / Carers' mobile numbers: \_\_\_\_\_ / \_\_\_\_\_

Parent's / Carer's E-mail address: \_\_\_\_\_

Do you have any children currently attending Noor Ul Islam Pre-school or Noor Ul Islam Primary School?

Yes  No  If yes, please provide their details:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Pre-school  Primary school

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Pre-school  Primary school

Is the child related to anyone currently employed by Noor Ul Islam Trust? Yes  No

If yes, please complete the following:

Name of relative: \_\_\_\_\_ Department he/she is employed by: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parents' / Carers' full names: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office use only:

Ack. sent:

Date contacted: