



LANTERN OF KNOWLEDGE  
EDUCATIONAL INSTITUTE

**For Office Use Only**

Date Received:	Received By (Initials):	Date of Test:	Copy of passport	<input type="checkbox"/>
Start Date:	Class:	Date of Interview:	Report	<input type="checkbox"/>
			Application fee	<input type="checkbox"/>

## Application Form for SPIRITUAL CLUB

**PLEASE COMPLETE IN BLOCK CAPITALS USING A PEN AND  
SUBMIT THIS FORM WITH A PHOTOCOPY OF YOUR CHILD'S  
PASSPORT AND LAST YEAR'S FULL MADRASSAH REPORT AND A  
£40 ADMINISTRATION FEE.**

### 1. Child's Personal Details

Surname		First Name(s)	
Address of Residence			
			Post Code
British Passport Holder (YES/NO)?	Date of Birth	Tel. of Residence	

### 2. Details of Parents

Mother's Surname		Mother's First Name(s)	
Address of Residence			
			Post Code
Mobile No.	Tel. of Residence		
Occupation	British Passport Holder (YES/NO)?		
Email Address:			

Father's Surname		Father's First Name(s)	
Address of Residence			
			Post Code
Mobile No.	Tel. of Residence		
Occupation	British Passport Holder (YES/NO)?		
Email Address:			

\*Please indicate your preferred contact number using the tick box

### Parent's Status

Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
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**3. Details of person(s) who are legal Guardian (in the event the child does not stay with his parents)**

Surname	First Name(s)
Address of Residence	
Post Code	
Tel. of Residence	Mobile No.
Occupation	British Passport Holder (YES/NO)?

**4. Name of Person(s) Authorised to collect your son:**

Name	Tel:

**5. Programme of Study**

Which school year/form are you currently in? Year .....

Which Club form/year are you applying for?

Year 7  Year 8  Year 9  Year 10  Year 11

**6. Islamic Educational Details**

Name of most recent institute/madrasah	
Address	
Post Code	Tel.
The dates you attended this institute/madrasah? FROM: TO:	
Why have you left this institute/madrasah (if not attending currently)?	
Has the applicant completed Nazirah (recital) of the Qur'an?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant memorised any part of the Qur'an?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, which Surahs/Juz _____	
Has the applicant taken any lessons in Tajweed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**7. Please indicate your child's ethnicity**

White	Mixed	Asian or Asian British	North African/Arabic	Black or Black British	Any other ethnic background
British	White and Black Caribbean	Indian	North African	Somalian	
Irish	White and Black African	Pakistani	Middle Eastern	Eritrean	
Traveller of Irish Heritage	White and Asian	Bangladeshi		Other African	
Gypsy/Roma		Malay/Indonesian		Caribbean	
Any other white background	Any other mixed background	Any other Asian background		Any other black back ground	

**8. School Educational Details**

Name of most recent school	
Address	
Post Code	Tel.
Attended from (date): /      /	Is the applicant still attending this school?    Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO please state date and reason for leaving?	
Expect or Achieved Key Stage 2 SATS?    English:	Maths:
Expect or Achieved Key Stage 2 Grades?    Science:	Humanities:

**9. Other Details**

<p>Has the applicant ever been involved with the police?                    Yes <input type="checkbox"/>                    No <input type="checkbox"/></p> <p>If YES, please give details. _____</p> <p>Has the applicant ever been involved with the Probation or subject to a Court Order?</p> <p style="text-align: right;">Yes <input type="checkbox"/>                    No <input type="checkbox"/></p> <p>If YES, please give details. _____</p> <p>_____</p> <p>_____</p>
Is your child a local authority or court order looked after child? YES / NO?
Does your child have a statement of Special Educational Needs (SEN) or Educational Health Care Plan? YES NO If Yes please provide details here:
Are there any adverse behavioural issues that have come to light during his current or former school? Please provide full details (fixed term exclusion, permanent exclusion etc.)
Does your child have a disability? YES / NO    If yes, please state the nature of the disability:
Is your child known to social services (e.g. for safeguarding or other reasons), CAMHS or any other welfare agencies? YES / NO    If yes, please state details here:



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**Essential Information  
Emergency Contact Form**

**PLEASE PRINT ALL DETAILS CLEARLY**

**Student's Details**

Full Name:	
Address of Residence:	
Post Code	Tel. of Residence:

**Emergency Contact 1 (Other than Parent's Number, whom we can contact in case of emergency, if we can't reach you.)**

Full Name:	Relationship:
Address of Residence	
Post Code	Tel. of Residence
Mobile No.	

**Emergency Contact 2 (Other than Parent's Number, whom we can contact in case of emergency, if we can't reach you.)**

Full Name:	Relationship:
Address of Residence	
Post Code	Tel. of Residence
Mobile No.	

**Emergency Contact 3 (Other than Parent's Number, whom we can contact in case of emergency, if we can't reach you.)**

Full Name:	Relationship:
Address of Residence	
Post Code	Tel. of Residence
Mobile No.	

The information requested on this form is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized personnel.

In the case of emergency, I give permission for the information above to be released to emergency personnel. I also agree that any of my emergency contacts listed on this form may be notified in an emergency, as needed.

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

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

**Name:** \_\_\_\_\_



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## Essential Information Medical Form

**PLEASE PRINT ALL DETAILS CLEARLY**

### 1. Student's Details

Full Name:	
Address of Residence	
Post Code	Tel. of Residence

### 2. Doctor's Details

Full Name:	
Address of Practice:	
Post Code	Tel. of Practice:

### 3. Medical Information

Does the applicant suffer from serious or long term illnesses?	
Asthma <input type="checkbox"/> Eczema <input type="checkbox"/> Migraine <input type="checkbox"/> Bronchitis <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/>	
Other <input type="checkbox"/> (please state) _____	
Does the applicant take regular medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details. _____	
Does the applicant suffer from any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details. _____	

I give permission for the information above to be released to the relevant personnel. I also agree to inform the Club of any medical changes after the date below, so that the safety of the child is not compromised.

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

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

**Name:** \_\_\_\_\_

## **RULES AND REGULATIONS**

### **PLEASE READ CAREFULLY BEFORE SIGNING THE DECLARATION OVERLEAF**

1. All applicants may be required to sit and successfully complete the admission test and attend an interview.
2. Please pay £40 per application form submitted to cover the processing of the application, tests and interview.
3. Places are offered initially on an up to two month's trial basis.
4. Disclosure of all previous character and conduct references are necessary and you agree to the Club making enquiries to verify that all the information you have provided is correct.
5. The applicant must attend all lessons/study sessions except when excused by the Head Teacher.
6. All Islamic regulations must be adhered to, particularly prayers, dress, hair style and social affairs.
7. Permission is to be obtained from the Head Teacher prior to any additional leave.
8. To insult/abuse a Club governor, teacher or any member of staff of the Club is inexcusable. Such behaviour may result in the exclusion of the guilty pupil. The pupil may also be excluded if any parent/guardian/family member of the pupil insults the above.
9. Lantern of Knowledge Trust reserves the right to exclude any pupil when deemed necessary in line with our policies.
10. Pupils excluded will be held responsible for any disruption and not the Club.
11. Lantern of Knowledge Trust will not be held responsible for any injuries etc. caused or received during the above named applicant's attendance at, to and from all its buildings and premises.
12. The parent/guardian/applicant will be held responsible for any damage caused by the above named applicant to any property, buildings and premises of the Club or outside.
- 13. You understand that if the fees are not paid on time, your child may be excluded from the Club.**
14. The Club may add, delete or alter any of our policies, rule and regulation without notice. The latest copy of our rules and regulations is available in the office.
15. All the above rules and regulations and any further rules/regulations in application at the time will have to be followed. PLEASE ALSO CAREFULLY READ THE CLUB'S PROSPECTUS.

**APPLICATIONS CANNOT BE PROCESSED UNTIL ALL DETAILS ARE COMPLETE.**

### **Spiritual Club Fees**

**For academic year 2025-26:      £4,775 is payable in**

- 1 instalment in June 2025
- 3 instalments, In June 2025, December 2025 and March 2026
- 12 monthly instalments from June 2025 – May 2026 (via standing order)

In addition, a £500 Registration Fee is payable in the first year and for subsequent years, a £100 Re-registration Fee is payable.

## DECLARATION

1. I accept to follow ALL the rules and regulations of the Club.
2. I fully agree that my child (whose details are in section 1 of this form) will be subjected to, and I will fully comply with, the rules and regulations of the Club.
3. I understand that my child must adhere to Islamic Ethos of the Trust.
4. I agree to ensure that my child reaches on time (except in exceptional circumstances e.g. during train/bus strikes).
5. I agree that I will not book any holidays during term time.
6. I agree not to interfere with the operations of the Club.
7. I agree not to approach or intimidate the class teacher or any other staff of the Club. I understand that if I do intimidate any members of the Club staff, for any reason whatsoever, I may be banned from entering the club premises. This also applies to any members of my family or friends who are designated to act on my behalf (e.g. for collecting my child from the club).
8. I agree to hold myself responsible for any damages or injuries that may be caused by my child.
9. I agree to pay the non-refundable application fee and if my child is given a place at the Club I agree to pay the non-refundable registration fee.
10. If my child is entered for the Club, I agree to pay the annual Club fees of my child. I understand that if I fail to pay the fees on time, my child may be excluded from the Club.
11. I will give 1 full terms notice if I wish to withdraw my child from the Club. I agree to pay all fees fully and on time. I agree that if my child attends a single day in a new term, that whole term's fees must be paid even if my child leaves subsequently or is excluded permanently. I understand that all fees are non-refundable.
12. I indemnify the Club against any damages, injuries etc., during my child's attendance at the Club.
13. I have read and understood or had explained to me all the questions on the form.
14. I agree to inform the Club of any changes in the information provided on this form.
- 15. I understand that if my child is given a Club place it will be for one academic year only. Subsequent offers to continue into the next academic year will depend on sufficient effort being made in the club, behaviour and attendance and the cooperation of parents.**

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I HAVE READ THE CLUB'S PROSPECTUS WITH ITS ATTACHED DOCUMENTS (AS CURRENTLY ON ITS WEBSITE) AND

I ACCEPT AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF LANTERN OF KNOWLEDGE TRUST CONTAINED THEREIN. I UNDERSTAND THAT ANY MISLEADING INFORMATION I HAVE GIVEN VERBALLY OR IN WRITING WILL RESULT IN THE APPLICANT BEING DENIED A PLACE AT THE CLUB OR IF ATTENDING WILL BE SUBSEQUENTLY EXCLUDED PERMANENTLY.

SIGNED APPLICANT..... DATE .....

SIGNED PARENT/GUARDIAN..... DATE .....

NAME OF PARENT/GUARDIAN.....

**PLEASE SUBMIT THIS APPLICATION WITH A COPY OF LAST YEARS FULL ACADEMIC SCHOOL REPORT AND A COPY OF THE PUPILS PASSPORT AND £40 ADMINISTRATION FEE.**

PLEASE SEND YOUR COMPLETED APPLICATION FORM TO:  
THE ADMISSIONS OFFICE, LANTERN OF KNOWLEDGE SECONDARY CLUB,  
30-36 LINDLEY ROAD, LEYTON, LONDON E10 6QT

TEL. 020 8539 5183  
WWW.LANTERNOFKNOWLEDGE.ORG.UK