



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

PLEASE COMPLETE IN BLOCK CAPITALS USING A PEN AND SUBMIT THIS FORM WITH A PHOTOCOPY OF YOUR CHILD'S **PASSPORT** AND LAST YEARS **FULL SCHOOL REPORT** AND A **£20 ADMINISTRATION FEE**.

#### 1. Child's Personal Details

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

#### 2. Details of Parents

Mother's Surname	Mother's First Name(s)
Address of Residence	
	Post Code
Mobile No. <input type="checkbox"/>	Tel. of Residence <input type="checkbox"/>
Occupation	British Passport Holder (YES/NO)?

Father's Surname	Father's First Name(s)
Address of Residence	
	Post Code
Mobile No. <input type="checkbox"/>	Tel. of Residence <input type="checkbox"/>
Occupation	British Passport Holder (YES/NO)?

**\*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:**


**5. Programme of Study**

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

Which school 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"/>
Has the applicant studied Arabic? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please give brief details.	
<b>Confirmation of the above details will be required if called for interview.</b>	





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**Essential Information  
Emergency Contact Form**

**PLEASE PRINT ALL DETAILS CLEARLY**

**1. Student's Details**

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

**2. Primary Emergency Contact**

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

**3. Secondary Emergency Contact**

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 Residence	
Post Code	Tel. of Residence

### 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 school 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 £20 per application form submitted to cover the processing of the application.
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 school 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 principal.
6. Permission is to be obtained from the principal prior to any additional leave.
7. To insult/abuse a trustee, teacher or any member of staff of the school is inexcusable. Such behaviour will result in dismissal of the guilty pupil. The pupil may also be expelled if any parent/guardian/family member of the pupil insults the above.
8. Lantern of Knowledge Secondary School reserves the right to dismiss any pupil when deemed necessary, without right of appeal. Anyone dismissed from Lantern of Knowledge Secondary School will have no legal remedy against Lantern of Knowledge Secondary School.
9. Pupils expelled will be held responsible for any disruption and not the school.
10. Lantern of Knowledge Secondary School will not be held responsible for any injuries etc. caused or received during the above named applicant's attendance at, to and from Lantern of Knowledge Secondary School and all its buildings and premises, and you waive any claims against Lantern of Knowledge Secondary School.
11. The parent/guardian/applicant (if appropriate) will be held responsible for any damage caused by the above named applicant to any property, buildings and premises.
12. You agree to pay all fees fully and on time. **You agree that if the pupil attends a day in a new term a minimum of one term's fees must be paid even if the pupil leaves subsequently or is expelled. All donations are non-refundable.**
13. The school may add, delete or alter any rule/regulation without notice. The latest copy of our rules and regulations is available in the school's office.
14. All the above rules and regulations and any further rules/regulations in application at the time will have to be followed. PLEASE CAREFULLY READ THE SCHOOL'S PROSPECTUS ALSO.
15. **I understand that if my child is given a school place it will be for one academic year only. Subsequent offers to continue into the next academic year will depend on sufficient progress being achieved in school work, behaviour and attendance and the cooperation of parents.**

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

**DECLARATION**

**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 SCHOOL'S PROSPECTUS WITH ITS ATTACHED DOCUMENTS (AS CURRENTLY ON ITS WEB SITE) AND I ACCEPT AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF LANTERN OF KNOWLEDGE SECONDARY SCHOOL CONTAINED THERE IN. I UNDERSTAND THAT ANY MISLEADING INFORMATION I HAVE GIVEN VERBALLY OR IN WRITING WILL RESULT IN THE APPLICANT BEING DENIED A PLACE AT THE SCHOOL OR IF ATTENDING WILL BE SUBSEQUENTLY EXPELLED.**

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 £20 ADMINISTRATION FEE.**

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

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

**SCHOOL FEE INFORMATION CORRECT AS OF 4<sup>th</sup> SEPTEMBER 2017 (subject to change without notice)**

- **SCHOOL FEE INFORMATION CORRECT AS OF 4<sup>th</sup> SEPTEMBER 2017 (subject to change without notice) A yearly fee of £3,200 is payable in two instalments, of which the first is payable between May 2017 and November 2018 or via direct debit from July 2017 to February 2018 in instalments of £400.00 per month for 8 months. If preferred (see our Prospectus on our web site).**
- **In addition a £500 Registration Fee is payable in the first year and for subsequent years, a £100 Re-Registration Fee is payable.**

LANTERN OF KNOWLEDGE EDUCATIONAL INSTITUTE | 30 - 36 LINDLEY ROAD | LEYTON | LONDON | E10 6QT  
TEL / FAX : 020 8539 5183 | EMAIL: [INFO@LANTERNOFKNOWLEDGE.ORG.UK](mailto:INFO@LANTERNOFKNOWLEDGE.ORG.UK) | WEBSITE : [LANTERNOFKNOWLEDGE.ORG.UK](http://LANTERNOFKNOWLEDGE.ORG.UK)  
CHARITY REGISTRATION NUMBER: 1111331 | DFE: 320-6501

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