

FOR OFFICE USE ONLY

Date Received		Date Accepted	
Date of Admission Fees Paid		Amount	£
Student NO.			

Student & Parent Guardian Information

Student Information

First Name/s				Surname		
Gender (please circle)	Male	Female		Ethnicity		
Date of Birth	Day	Month	Year	Year Group		
Address				Postcode		
Do you have any siblings that attend this Madrasah?					YES	NO
If yes, please write their name(s) and their class below						
Has your child had any previous Quran/Islamic education? (Please tick/circle the relevant box)					YES	NO

(If yes, please state in the below what he/she has studied and how much was covered.)

Would you like to enroll your child into Hifz? (Please tick/circle the relevant box)	YES	NO
Would you like to apply for Weekday or Weekend Madrassah? (Please tick/circle the relevant box)	Weekday	Weekend (starting soon)

Parent/Guardian 1 Information

Title (please circle)	Mr	Mrs	Miss	Ms	Full Name	
Home phone				Mobile/work		
Address				Postcode		
Relation to Pupil				Email		
Do you wish to be primary contact?	YES	NO	N/A			

Parent/Guardian 2 Information

Title (please circle)	Mr	Mrs	Miss	Ms	Full Name	
Home phone				Mobile/work		
Address				Postcode		
Relation to Pupil				Email		
Do you wish to be primary contact?	YES	NO	N/A			

Alternative Emergency Contact

1st Emergency Contact						
Title (please circle)	Mr	Mrs	Miss	Ms	Full Name	
Home phone				Mobile/work		
Address				Postcode		
Relation to Pupil						
2nd Emergency Contact						
Title (please circle)	Mr	Mrs	Miss	Ms	Full Name	
Home phone				Mobile/work		
Address				Postcode		
Relation to Pupil						

Student Medical Information

GP Information					
Name of GP			Practice Name		
Practice Tel			Fax		
Address			Postcode		
Medical Conditions & Allergies					
Does the student have any ongoing medical conditions?	YES	NO	Allergies?	YES	NO
If yes to either of the above, please provide details in the boxes below:					
Allergies					
Condition					
Treatment			Medication		
Is there anything the madrasah should be aware of relating to the students health and wellbeing?					

Please detail below

Signed by Parent/Guardian		Print Name	
Relation to Student		Date	

****Please ensure all sections are completed, if any section is left incomplete the form will be returned back ****