Application Form

Make sure to attach your child's passport picture to this document when completed

Child's Details

Child's Details			
First Name:		House Number:	
Middle Name(s):		Address:	
Last Name:		Town:	
Date of Birth:		Postcode.	
Please select the	e gender of your (hild:	D you (guardia mi sjid? res	an) hare a membership with the
The mother and father un'ss unable to should be the first contact information			
	Con act in	ion n tior	า
Role as gu	uardian (Father, Unc 🤌 et)	Ro e at gua	a. 'ia (Mother, Aunty etc.)
First Name:		First Name:	
Middle Name:		Middle Name:	
Last Name:		Last Name:	
Phone Number:		Phone Number:	
Extra contact information (Email, Fax etc.)		Extra contact information (Email, Fax etc.)	
Address (if different from child)		Address (if different from child)	

Emergency Contact Role as guardian (Cousin etc.) First Name: Last Name: Extra contact information (Email, Fax). Phone Full Address. Number: **Medical Information** State any medical conditions such as allergies, disorders or dietary needs: Does your child have any secial arrangem **Detais** Name of Madrasah (if appl :able): Reason for leaving: Previous Education: (how many paaras Nothing | Qaa'idah Qaa'idah Holy Qur'aan Partial Completed^{*} Reading Islamic Studies (Du'as, Figh, Hadeeth, Agaa'id etc.): **Guardian Declaration** If the above child is accepted for admittance, then I, the undersigned, promise to guide my child to abide by the rules and regulations set out by [your organisation] Guardian Signature: Date:

Class:

Validated By:

[Organisation] Use Below:

Admission Date: