



# Greenwich Madina Trust

Educational Centre

For Hanafi Sunni Muslims

UK Registered Charity No. 1129277



46 Conway Road, Plumstead, London SE18 1AR

Mobile: 07792 884795 | Education Centre: 07592 898530

Website: [www.greenwichmadinatrust.org.uk](http://www.greenwichmadinatrust.org.uk)

Email: [education.gmt@gmail.com](mailto:education.gmt@gmail.com)

For Office Use Only

Student ID: \_\_\_\_\_

Please use black ink and BLOCK CAPITALS to fill in the form. Incomplete applications will not be accepted.

## Student's Personal Details

First Name *	Middle Name	Surname *
_____ Date of Birth *	Age *	Gender *
_____ Country of Birth	Nationality	Language(s) Spoken at Home _____

## Parent's / Guardian's Details

Parent's/Guardian's Name *	Relationship *	
_____ Address *	Post Code *	
Telephone (Home)	Mobile *	Email
Emergency Contact Name *	Relationship	
Emergency Contact Tel No *	_____	
Name of person(s) authorised to collect the student from the centre (if applicant is a child) *		

## Educational Details

Current School Attending	Year
Previous Islamic School / Centre Attended	
Qualification Achieved	No. of Years/Months Attended
Have you ever been refused admission at any institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please state why:  _____	

## Learning Abilities

Are you able to read the Holy Qur'an? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to read Qa'ida? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to read with Tajweed? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of times Nazira has been repeated: _____
How much Qur'an has been memorised? _____ Surahs / Juzz	

### Preferred Session

**Session 1: Young Learners (Ages 5-9)**

4:30 PM - 5:50 PM

**Session 2: Older Children (Ages 10-16)**

5:50 PM - 6:50 PM

*Each age group has a dedicated syllabus tailored to their learning level.*

### Medical Details

Does your child have any medical conditions that we need to be aware of?

Yes    No

If yes, please give details:

Special Needs:

Allergies:

GP Name:

Surgery Contact Details:

### Additional Information

Please add any additional information regarding the student:

Where did you hear / how do you know about this centre?

### Declaration

- I, the (student) / (parent) / (guardian) of the above named student take complete responsibility of (my) / (student's) behaviour, progress, attitude and punctuality and will abide by the conditions of enrolment.
- I hereby confirm that I have read through all the rules and regulations and that I will IN SHA ALLAH observe the current and future rules enacted by the centre from time to time. Furthermore, I have read, understood and accepted all policies of GMT Educational Centre (available on the GMT website).
- I solely take responsibility of (my) / (student's) attitude and progress in class.
- I declare that the information I have provided about (myself) / (child) is true and accurate to the best of my knowledge.
- I understand that there is 24-hour CCTV at the centre for the purpose of crime prevention and security.
- I will notify the Educational Centre of any changes to the information provided.
- I confirm that the proposed student does not have a criminal record.
- I confirm that I condemn all activities related to terrorism and extremism.

**Note:** Your application will not be processed until the following are submitted:

1. Fully filled-in application form
2. A copy of passport or full birth certificate

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Student's Signature

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Parent's/Guardian's Signature

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Date

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Pre-Admission Test:

Suitability:

Date:

Yes  No

Student Learning/Reading Ability:

Level of Tajweed:

Kalimahs/Duas:

Class Admitted To:

Admission/Registration No:

Recommendations:

Date of Leaving:

Comments:

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