

MADRASAH APPLICATION FORM

Applications will only be considered for children born on or before **31st August 2015**

Please attach a copy of the child's Birth Certificate or Passport

New Reception class start date will be on **Wednesday 4th September 2019**

STUDENT DETAILS

Full Name _____

Date of Birth ____ / ____ / _____ Gender Male Female

PARENT/GUARDIAN DETAILS

Full Name _____ Relationship to child _____

Address _____

_____ Post Code _____

Home Telephone _____ Mobile No _____

Email _____

Do you have other child/ren already attending the Madrasah? Yes No

If yes, state their name/s and their current year _____

OTHER INFORMATION

Please list below any medical conditions we need to be aware of, e.g. Allergies, Asthma, Diabetes, etc.

Please use separate sheet if needed.

Does the child require any Special Educational Needs? Yes, please give details below No

PREVIOUS MADRASAH

Name and town of previous Madrasah _____

Reason for leaving Madrasah _____

Qaida / Quran - No of paras/pages completed _____

Name of Kitabs studied _____

Surahs memorised _____

PRIMARY EMERGENCY CONTACT DETAILS (REQUIRED)

Full Name _____ Relationship to child _____

Address _____

_____ Post Code _____

Home Telephone _____ Mobile No _____

SECONDARY EMERGENCY CONTACT DETAILS (OPTIONAL)

Full Name _____ Relationship to child _____

Address _____

_____ Post Code _____

Home Telephone _____ Mobile No _____

DECLARATION

I, _____, Parent/Guardian of the above named child, have read and understood the admissions policy and guidelines. If offered a place at Madrasah Zakaria I agree to abide by all rules and regulations of the Madrasah, current and in future.

Signature _____ Date _____

FOR OFFICE USE ONLY

	Initials	<input type="checkbox"/>	Accept	<input type="checkbox"/>	Decline, give reason below
Date received	_____ / _____ / _____	_____	_____	_____	_____
Date replied	_____ / _____ / _____	_____	_____	_____	_____
Method of reply	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____