

# **Application Form**

Fill the form below and bring it to the madarasa office. Jazaka'allahu Khyran

#### Child's Personal Info

Forename	Surname
Gender:  Male Female	
Date of birth	Language Spoken
/ /	
Child's Permanent Home address	Ethnicity Origin



### Alternative contact Details (Emergency Contact)

Full name	Relationship to child	
Contact Number		
Father's contact details		
Full name	Occupation	
Home number	Mobile number	
Home address	Email address	



#### Mother's contact details

Full name	Occupation
Home number	Mobile number
Home address	Email address
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Other Details (Special Needs)	
Does your child have any learning disability? If yes, please give details	Does your child suffer any medical condition(s)/allergy(s)? If yes, Please give detail
Does your child take any regular medication? If yes, Please give details	



## Education Details

Child's present School		Year/ Class	
Child's previous Madarasa (If	applicable)	Madarasa? If s	d have any siblings at the so, what are their full names? e Islamic studies year they
Person(s) AUTHORISED TO CO	LLECT THE CHIL	D/REN FROM M#	ADARASA
Name	Relationship		Mobile number
DECLARATION	abovo monti	anad ahild aga	ofirm that all the information
			nfirm that all the information wledge. I agree to abide by the
Madarasa Al – Furqan Quran	Academy Admed to abide by	ission Policy an	ed fully accept and understand regulations laid down by Al –
Signature:			Date://



FOR OFFICE USE ONLY (to be completed by Maddrasan administration)
Date of Admission test:
Date of Admission:
Fee: IS Year: Q class: Admission Fee: £
Comments:
Authorised signature:

