

MADRASAH APPLICATION FORM

For Children in Reception to Year 9 in school



For office use only: Date Received: ___ / ___ / ___ Interview: ___ / ___ / ___ Admission Fee of £25 Paid []
 Enrol [] Waiting List [] Class: **Year** R 1 2 3 4 5 6 7 8 **B G** Date of Admission: ___ / ___ / ___ Logged []

- Please complete the form in **black or blue ink** and using **BLOCK CAPITAL** letters
- A Non Refundable **Admission and Registration Fee of £25** will apply for each application

DETAILS OF APPLICANT (CHILD)

Forename (s):	<input type="text"/>	DOB: DD / MM / YYYY
Surname:	<input type="text"/>	M / F
Address:	<input type="text"/>	Post Code: <input type="text"/>
Name of applicant's School:	<input type="text"/>	
School Year:	<input type="checkbox"/> FS1 <input type="checkbox"/> FS2 <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5 <input type="checkbox"/> Yr 6 <input type="checkbox"/> Yr 7 <input type="checkbox"/> Yr 8 <input type="checkbox"/> Yr 9	

DETAILS OF PARENT/CARER

	Main Contact: Father [] Mother [] Carer []	Second Contact: Father [] Mother [] Carer []
Name	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>
Address (if different from above):	<input type="text"/>	<input type="text"/>
Mobile:	<input type="text"/>	<input type="text"/>
E-mail:	<input type="text"/>	<input type="text"/>
Local Masjid (where you normally perform Salah)	<input type="text"/>	
Emergency Contact:	Name: <input type="text"/>	Mobile: <input type="text"/>

DETAILS OF MOST RECENT MADRASAH

Madrasah Name:	<input type="text"/>	Town/City:	<input type="text"/>
What has the applicant studied so far?	Ahsanul Qawaa'id <input type="checkbox"/>	Amma <input type="checkbox"/>	Qur'aan <input type="checkbox"/> (until _____ Juz/Para)
Any siblings already studying at Madrasah Al Furqan?	1) _____ 2) _____ 3) _____		

OTHER DETAILS

DOES YOUR CHILD HAVE ANY MEDICAL CONDITION, ALLERGIES AND/OR ANY LEARNING DIFFICULTY, SPECIAL EDUCATIONAL NEED AS WELL AS ANY BEHAVIOURAL, EMOTIONAL AND OR SOCIAL DIFFICULTY?

Yes [] *Please provide details below or on a separate sheet of paper* No []

DECLARATION BY PARENT / CARER

I declare that the information I have provided on this form is true and accurate to the best of my knowledge. I have read and understood the admission criterion and rules and regulations of Madrasah Al Furqan. I confirm that I accept and agree to abide by all of them. I understand that failure to provide accurate information and/or to abide by the rules and regulations by me and/or my child can result to their dismissal from the Madrasah.

Sign of Parent/Carer: Date:

Please check you have: Completed all sections [] Read the rules and regulations [] Signed the form []
 Enclosed a copy of birth certificate/passport []

Return completed form to: Madrasah Al Furqan, North Evington Deeni Cultural Centre. 298 East Park Road. Leicester. England. LE5 5AY

App Form July 2019