



MADRASAH ADMISSION FORM

A CHILD WILL ONLY BE ADMITTED IF HE/SHE HAS BEEN ACCEPTED FULL-TIME AT SCHOOL. ALL PARTS OF THIS APPLICATION FORM MUST BE COMPLETED

DETAILS OF APPLICANT

Forename:

Surname:

Address:

Town:

Postcode:

Telephone:

Date of Birth:

State any serious illness, allergies or any other medical conditions:

DETAILS OF PARENT/GUARDIAN

Name of Parent/Guardian:

Address if different:

Telephone:

Mobile:

E-mail:

EMERGENCY CONTACT DETAILS

Name:

Relation to the Child:

Telephone:

Mobile:

DECLARATION BY PARENT/GUARDIAN

I DELCLARE THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I AKNOWLEDGE RECEIPT OF – AND HAVE READ AND UNDERSTOOD – THE ADMISSION CRITERION AND RULES & REGULATIONS.

I ACCEPT AND AGREE TO ABIDE BY ALL THR RULES & REGULATIONS OF MADRASAH RAWDHAHTUL-ILM. I UNDERSTAND THAT FAILURE TO ABIDE BY THESE RULES & REGULATIONS BY ME AND/OR BY MY CHILD MAY RESULT IN MY CHILD BEING REMOVED FROM THE REGISTER OF MADRASAH RAWDHATUL-ILM

Signature of Parent/Guardian:

Date:

PLEASE ENCLOSE A PHOTOCOPY OF THE APPLICANT'S BIRTH CERTIFICATE AND £10.00 ADMISSION FEE.

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED:

AGE AT ADMISSION:

ADMISSION DATE:

CLASS APPLIED FOR: