



## Madrasah Application Form

Please complete the form in **BLOCK CAPITALS** and forward to the Madrasah Office.

### Course Applied For

<b>Maktab</b> <input type="checkbox"/>	<b>Aalimah</b> <input type="checkbox"/>	<b>Momenah</b> <input type="checkbox"/>
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### Student Details

<b>Full Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Home Tel Number</b>	
<b>Date of Birth</b>	
<b>Nationality</b>	
<b>First Language Spoken</b>	

### Parent/Guardian Details

<b>Mothers Name</b>	<b>Fathers name</b>
<b>Address (if different)</b>	<b>Address (if different)</b>
<b>Postcode</b>	<b>Postcode</b>
<b>Mobile Tel No.</b>	<b>Mobile Tel No.</b>
<b>Email Address</b>	<b>Email Address</b>

### Emergency Contact Details (If parents cannot be contacted)

Emergency Contact 1		Emergency Contact 2	
<b>Name</b>		<b>Name</b>	
<b>Relationship to student</b>		<b>Relationship to student</b>	
<b>Contact Number</b>		<b>Contact Number</b>	

Madrasah History (If applicable)	
<b>Name of previous or current Madrasah</b>	
<b>Address</b>	
<b>Contact Number</b>	
<b>Kitaabs Studied</b>	

Medical History																		
<p><b>1. Does the Applicant have any of the following medical conditions which require emergency care?</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Asthma</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%;">Epilepsy</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%;">Nut Allergy</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Eczema</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Migraine</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Severe Allergies</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Dyslexia</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>ADHD</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Mental Health issues</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>Other (please specify):</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Nut Allergy	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Severe Allergies	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Mental Health issues	<input type="checkbox"/>
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Dyslexia	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Mental Health issues	<input type="checkbox"/>													
<p><b>2. If you have selected any of the boxes above, please give further details including any medical/medication requirements whilst at the Madrasah.</b></p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>																		
<p><b>3. Please give details of any accidents/operations the applicant has had:</b></p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>																		

Declaration	
<p><b>I declare that the information given is accurate and to the best of my knowledge. I agree to comply with all Madrasah Rules, Regulations and Policies.</b></p>	
<p><b>Signature of Parent/Guardian</b></p> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	<p><b>Date</b></p> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>