

Madrasah Application Form



Childs Details

Full Name: _____

Date Of Birth: _____

Male Female *(circle)*

Parents/Guardians Details

Full Name: _____

Relation To Child: _____

Address: _____ Post Code: _____

Home Telephone: _____

Mobile Number: _____

Email: _____

Do you have other children that already attend the Madrasah? Yes No *(Circle)*

If yes, state their names: _____

Emergency Contact Details [Mandatory]

Full Name: _____

Relation to child: _____

Address: _____ Post Code: _____

Home Telephone: _____

Mobile Number: _____

Turn Page

Other Information

Please list below any medical conditions we need to be aware of, e.g. Allergies, Asthma, Diabetes, etc. Please use a separate sheet if needed.

Does your child have any special educational needs? Yes No **(Circle)**

If yes, please provide details _____

Please specify your child's current school: _____