

MAKTAB CLASS APPLICATION FORM

**Once you have completed the form,
 save it to your computer and email it to
 info@madinaacademy.org.uk**

Applicant Details

SURNAME			FORENAME		
DATE OF BIRTH		AGE		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
HOME ADDRESS					
TOWN			POSTCODE		
MEDICAL HISTORY					
NAME OF CURRENT SCHOOL			PREVIOUS MADRASA		
CLASS & TIMINGS <small>(PLEASE TICK APPROPRIATE BOX)</small>	16:30 - 18:00 (Maktab Session 1) <input type="checkbox"/> 18:00 - 19:30 (Maktab Session 2) <input type="checkbox"/>				

Parent/Carer Details

SURNAME			FORENAME		
RELATIONSHIP		PARENTAL RESPONSIBILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	CONTACT EMAIL	

Contact Details (We will make contact in this order if there is an emergency. Please only include numbers who are available during Madrasa hours. Do not include home numbers if nobody will be available.)

CONTACT NO.1

NAME		RELATIONSHIP		TELEPHONE NO	
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CONTACT NO.2

NAME		RELATIONSHIP		TELEPHONE NO	
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Parent/Carer Declaration (To be signed by Parent/Carer if under 16 years)

I confirm that I would like to enrol my child at the Madrasa. I have fully read the rules and regulations.

Print Name _____ Signature _____ Dated _____

Office Use Only

STUDENT ID		ADMITTED	
ENROLMENT DATE		ADMISSION FEES RECEIVED? (Y/N)	YES <input type="checkbox"/> NO <input type="checkbox"/>