

## ALIMAH & QIRAAT COURSE 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	
HOME ADDRESS		TOWN	
POSTCODE		TEL	
EMAIL		DATE OF BIRTH	
CURRENT OCCUPATION / SCHOOL		PREVIOUS MADRASA	DID YOU COMPLETE YOUR MAKTAB STUDIES YES <input type="checkbox"/> NO <input type="checkbox"/>

### Parent/Carer Details (if student is under 16 years)

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

### 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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### Student Declaration (To be signed by Parent/Carer if under 16 years)

I, \_\_\_\_\_ the Student / (parent/carer of) \_\_\_\_\_  
 would like to enrol (my child) on the Alimah & Qiraat Course. I will abide by the rules and regulations relating to my study at Madina Academy.

**TIMING (PLEASE TICK)** — Option 1 - 9.30am to 12.30pm  Option 2 - 5.00pm to 8.00pm

Signed \_\_\_\_\_ Dated \_\_\_\_\_