

## APPLICANT DETAILS

Forename:				Surname:					
D.O.B:	DD	MM	YEAR	Age	AGE	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
House Name or Number:				<input type="text"/>					
Address Line 1:				<input type="text"/>					
Address Line 2:				<input type="text"/>					
Town:				<input type="text"/>					
Postcode:				<input type="text"/>					
Emergency Contact 1- Relationship				<input type="text"/>					
Contact 1 - Forename				<input type="text"/>					
Contact 1 - Surname				<input type="text"/>					
Contact 1 - Telephone Number				<input type="text"/>					
Emergency Contact 2 - Relationship				<input type="text"/>					
Contact 2 - Forename				<input type="text"/>					
Contact 2 - Surname				<input type="text"/>					
Contact 2 - Telephone Number				<input type="text"/>					
Contact Email				<input type="text"/>					
Medical History				<input type="text"/>					
Previous Madrasa				<input type="text"/>					
Name of School				<input type="text"/>					
Class & Timings (Please tick appropriate Box)				16:30 - 18:00		<input type="checkbox"/>	Maktab Class 1		
				18:00 - 19:30		<input type="checkbox"/>	Maktab Class 2		
				16:30 - 19:30		<input type="checkbox"/>	Hifz Class		
Parent/Carer Declaration (Tick box)				<input type="checkbox"/>					
I confirm that I would like to enrol my child at the Madrasa. I have fully read the rules and regulations.				<input type="checkbox"/>					
Print Name:			Signature:			Date:			
						DD MM YEAR			
Student ID				<input type="text"/>					
Class				<input type="text"/>					
Enrolment Date				DD MM YEAR					
Admission Fees Received				Y/N <input type="checkbox"/>					