

HIFZ 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 - 19:00 (Class One) <input type="checkbox"/> 17:00 - 19:30 (Class 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 | |
|------|--|--------------|--|--------------|--|

CONTACT NO.2

| | | | | | |
|------|--|--------------|--|--------------|--|
| NAME | | RELATIONSHIP | | TELEPHONE NO | |
|------|--|--------------|--|--------------|--|

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"/> |