

APPLICATION FORM**Details of Child:**

Surname: _____ Forename: _____

Date of Birth: _____ School year: _____

Male/Female: _____

Address: _____

Postcode: _____

Ethnicity: _____ First Language: _____

Who has legal responsibility of the above child? Father/Mother/OtherContact:
(please delete as appropriate)

Details of Father

Surname (If different from the child): _____

Forename: _____

Address (If different from above: _____

Postcode: _____

Home Tel: _____

Mobile No: _____

Work Tel: _____

Details of Mother

Surname (If different from the child): _____

Forename: _____

Address (If different from above: _____

Postcode: _____

Home Tel: _____ Mobile No: _____

Work Tel: _____

Emergency Contact: It is essential we have this information in case of an emergency.

Name: _____

Relationship to above child: _____

Address: _____

Home Tel: _____

Mobile No: _____

Medical History:

Please list any known illnesses or allergies (e.g. diabetes, eczema, asthma etc) also any medication requirements that may need monitoring or administering.

Name of Doctor: _____

Address: _____

Any Additional Information: (Please tell us more about your child's needs and best ways of supporting them, any experience of previous Madrasah)

Supporting documents to be provided with the application:

- **Passport/Birth Certificate**
- **Previous madrasah report (If applicable)**
- **School Statement/EHCP/Medical reports**

Signed: _____

Date: _____