

Attach Colour Photo Here



CONFIDENTIAL

MADRASSA-TUL-MADINAH



Form No.

Admission Form

Child's Details

Date of birth	___ / ___ / ___	Gender	Male / Female
First name(s)		Surname	
Address			
	Post Code		
Madrasah attended before			
Reason for leaving			

Name of First Parent/Guardian Living at Home Address Above

Mr/ Mrs/ Miss		First name		Surname	
Relationship to child		Parental responsibility?	Yes / No		
Home telephone number		Mobile phone number			
Email address		Work telephone number			

Name of Second Parent/Guardian

Title		First name		Surname	
Relationship to child		Parental responsibility?	Yes / No		
Mobile telephone number		Work telephone number			
Workplace number		Address (if different)			

Emergency Contact Details

Name of doctor		Telephone number	
Practice address	Post Code		

Other local contacts in case of emergency or illness at Madrasa:

Name(s)		Telephone number(s)	
Emergency Password	Only authorised persons will allowed to collect your child. They MUST know the password.		
Person 1 Name of Authorised person:	Name:	Relationship to child:	
Person 2 Name of Authorised person:	Name:	Relationship to child:	

Person 3 Name of Authorised person:	Name:	Relationship to child:
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Supplementary Details

Has your child had any serious illnesses or injuries?	Yes/ No <i>Details:</i>
Has your child any known allergies and medical conditions?	Yes/ No <i>Details:</i>
Does your child have any particular or special needs?	Yes/ No <i>Details:</i>

Permissions

There is CCTV being recorded for safety and security purposes. I agree to my child being recorded on the CCTV system for the above purposes	Signature: Date ___/___/___
I understand that I must drop off/ pick up my child from Madrassa on time I agree to the above	Signature: Date ___/___/___
Photographs are used to track children’s learning, in newsletters, displays, websites, publications and local newspapers I give my permission for my child to be photographed for the above reasons	Signature: Date ___/___/___
I give my permission for a trained first aider to administer first aid to my child	Signature: Date ___/___/___

Any other information you think would be helpful for us to know about your child:

Declaration:

I have read and understood all the rules and regulations in the Parent Handbook and will follow them fully and will make my child/ren also follow them. I confirm all the details completed in this form are true and accurate. I will inform Madrassa Tul Madinah of any changes immediately.

Signature		Date	___/___/___
PRINT Name		Parent/ Carer	

Any information given to Madrassa Tul Madinah as part of this application/registration form will be treated with the strictest of confidence. Any Data collected will be, fairly and lawfully processed, for limited purposes, adequate, relevant and not excessive, accurate, not kept longer than is necessary, processed in accordance with the data’s subjects rights, held securely and not transferred to other organisations unless required to do so by for example Ofsted, health and safety legislation or other legal obligations.

Office Use only

Date Admission received	___/___/___	Date starting	___/___/___
Enrolment Number		Guardian’s Ijtema attended	Yes / No <i>Details</i> Date: ___/___/___
Place approved	Yes / No <i>Details</i>	Nazim Signature	