Qalam Academy Application Form
ARABIC CLASS

<u>ALL</u> parts of this form must be completed by applicants.
Failure to do so will result in the application not being processed.

Please ensure all details are precise and correctly spelt.

Pupil Details

First name/s:		Surname:			
Date of birth:		Current Age:		Sex	
Full Address:					
Post code :		Tel (home):			
Email:					
Fathers name :			Mobile :		
Mothers name :			Mobile :		

Emergency Contact *(must be different from above)*

Full Name		Relationship to applicant	
Address			
Post code		Mobile :	

Previous Arabic Education *(if any)*

Can applicant read Arabic?		Can applicant understand Arabic?	
Can applicant write Arabic?			
Is there a particular aspect of Arabic language you are eager to learn?			

Ethnic Background

State your ethnicity:	

Health & Medical Conditions

Does your child have any allergies or medical conditions?	
If yes please state	
Does your child have any special educational needs?	

Declaration

I will adhere by the Madrasah rules. I fully understand that not complying with the term & conditions will result in the discontinuation of my child's studies at Qalam Academy.
I confirm that the information provided is correct to the best of my knowledge.

Signature : …………………………………… **Date** : …………………………………

Relationship to applicant :	

Official Use Only

Date of admission :		Admission & full annual fee paid:	