

Qalam Academy Application Form

SATURDAY YOUTH CLASS

***ALL** 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 Islamic Education *(if any)*

Can applicant read Quran?		Memorised any portions?			
Can applicant pray Salah?		Prays daily Salah?			
Any Islamic studies completed? please state					
Is there a particular aspect of Islamic knowledge you are eager to learn?					

Ethnic Background

State your ethnicity:	
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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:	
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