

# Qalam Academy Application Form

***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.					
<b>Pupil Details</b>					
First name/s:		Surname:			
Date of birth:		Current Age:		Sex	
Place of birth:		Nationality:			
Full Address:					
			Post code :		
Tel (home):			Tel (work):		
Email:					
Fathers name :			Mobile :		
Mothers name :			Mobile :		
Name of sibling already at the Madrasah:					
Session 1 (4.25 - 5.55pm)		Session 2 (6.05 - 7.35pm)		Hifz (4.25 - 7.35pm)	

<b>Emergency Contact <i>(must be different from above)</i></b>			
Full Name :			
Relationship to applicant			
Address			
			Post code :
Tel (home) :		Mobile :	

<b>Previous Madrasah Education <i>(if any)</i></b>			
Name of Madrasah/school:			
Address:			
Post code:		Tel:	
Length of stay:		year/s	months
How many parts of Quran/Qaidah completed?			
Can applicant pray Salah?			
Reason for leaving current Madrasah?			

<b>Current School Details</b>	
Name of school:	
Address (road & area will suffice)	

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Please select the group which best represents your ethnic background.	Arab		Pakistani	
	Afghan		Somali	
	West African		Indian	
	Bangladeshi		Kurdish	
	Other (please state):			

## Health & Medical Conditions

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Does your child have any special educational needs?	
Gp name & address	

## Other Information

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<ol style="list-style-type: none"> <li>1 I will send my child to the Madrasah every day and will drop &amp; collect my child on time.</li> <li>2 I will park in a legal &amp; safe place and <b>will not park</b> in front of the Masjid on double yellow lines</li> <li>3 I will ensure that fee payments are paid in full &amp; on time, either quarterly or in <b>11 installments</b> at the beginning of each month as detailed on the student fee slip.</li> <li>4 I will ensure my child is dressed in uniform &amp; my child's haircut is according to Islamic etiquettes</li> <li>5 I indemnify the Madrasah against any injuries, harm, damages &amp; claims during my child's attendance.</li> <li>6 All concerns and complaints will be made directly to the head teacher &amp; I will not approach or reprimand any member of staff.</li> </ol>	
I fully understand that not complying with the above rules and those attached with this application form 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 application received :		Received by:	
Date of admission :			
Fee slip given to parent/guardian/child :			

# Qalam Academy Application Form

***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	
Place of birth:		Nationality:			
Full Address:					
			Post code :		
Tel (home):			Tel (work):		
Email:					
Fathers name :			Mobile :		
Mothers name :			Mobile :		
Name of sibling already at the Madrasah:					
Session 1 (4.25 - 5.55pm)		Session 2 (6.05 - 7.35pm)		Hifz (4.25 - 7.35pm)	

## Emergency Contact *(must be different from above)*

Full Name :					
Relationship to applicant					
Address					
				Post code :	
Tel (home) :			Mobile :		

## Previous Madrasah Education *(if any)*

Name of Madrasah/school:					
Address:					
Post code:			Tel:		
Length of stay:			year/s	months	
How many parts of Quran/Qaidah completed?					
Can applicant pray Salah?					
Reason for leaving current Madrasah?					

## Current School Details

Name of school:					
Address (road & area will suffice)					

# Qalam Academy Application Form

## Ethnic Background

Please select the group which best represents your ethnic background.	Arab		Pakistani	
	Afghan		Somali	
	West African		Indian	
	Bangladeshi		Kurdish	
	Other (please state):			

## Health & Medical Conditions

Does your child have any allergies or medical conditions?	
Does your child have any special educational needs?	
Gp name & address	

## Other Information

If there is any other information which you think is relevant for the progress of your child, please state, e.g. applicant is an orphan, parents are separated.

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