Al Qalam Academy Application Form

<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												
Surname:	First				First	nam	e/s:					
Date of birth:	Curr					ent A	ge:			Sex		
Place of birth:	Natio					nalit	y:					
Full Address:												
•									Post code	e :		
Tel (home):						Tel (work):				
Mobile :						Ema	il:					
Fathers name	:	:										
Mothers name :												
Has the applic	ant c	urrently g	ot any	y siblings	at Ma	dras	ah?		Name of the sibling:			
Session 1 (4.20 - 5.20pm) S				Session 2 (5.30 - 6.30pm)			n)		Session	า 3 (6.	.40 - 7.40pm)	i
Emergency Contact (must be different from above)												
Full Name :					•						<u> </u>	
Relationship to applicant												
Address												
<u> </u>												
									Post code	e :		
Tel (home):						Tel (work):				
Mobile :												
Previous Madrasah Education (if any)												
NI C N A I			lous	waur	asan	Eu	uCa	1110	II (II alli)	/)		
Name of Madrasah/school:												
Address:						-						
Post code:						Tel:						
,						ear/s						months
How many parts of Quran completed? Can applicant read Salaah:												
Сап арріісапі	reau	Salaali.										
Current School Details												
Name of scho			ī									
Address (road & area will suffice)												

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Ethnic Background									
Please select the group which be	1 3	Pakistani							
represents your ethnic backgrour	Nd. Kurdish	Somali							
	Afghan	Indian							
	Other (please	state):							
Please select the language spoke	en Arabic	Mirpuri							
at home.	Bangali	Urdu							
	English	Somali							
	Other (please	Other (please state):							
Health & Medical Conditions									
Does the applicant have any known disabilities?									
Does your child have any allergies or medical conditions?									
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 or any special educational needs.									
state, e.g. applicant is an orphan	, parents are separated o	r any special educational needs.							
Declaration									
I declare that all the above information is									
accurate to my knowledge. I will adhere by the Madrasah rules including (but not limited to):									
Sending my child to Madrasah regularly and punctually keeping absences to a minimum (no more than 10 absences are allowed in one year).									
2 Not parking in front of the Masjid on double yellow lines or blocking the bus stop.									
Paying off fees on time, at the beginning of each month, in 11 installments as detailed on									
the student fees slips.									
4 Cutting my child's hair according to Islamic etiquettes and teachings. 5 Ensuring my child is drossed according with the Madrasah's uniform policies									
5 Ensuring my child is dressed according with the Madrasah's uniform policies . 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 Al Qalam Academy.									
Signature:		Date:							
Relationship to applicant :									
Official Use Only									
Date application received : Received by:									
Date of admission :	•	•							

Fees slip given to parent/guardian/child :