

CONFIDENTIAL

ST ALBANS ISLAMIC CENTRE BOYS MADRESSA CLASSES

STUDENT APPLICATION

Please pass completed forms for EACH CHILD to the Head Ustaa'd/teacher of your classes.

PLEASE PRINT CLEARLY

FIRST NAME	SURNAME			
STREET:	CITY:			
COUNTY:	POSTCODE:			
NAME OF PARENT/GUARDIAN:	RELATION TO STUDENT:			
HOME TELEPHONE NUMBER:	PARENT/GUARDIAN MOBILE:			
IS YOUR CHILD REGISTERED AT THEIR SCHOOL WITH ANY EDUCATIONAL NEEDS? SPECIAL	DATE OF BIRTH:	Date	Month	Year
DO YOU HAVE ANY MEDICAL CONDITION THAT REQUIRES MEDICATION? IS IT REQUIRED TO BE CARRIED WITH YOU?	MEMBERSHIP NO. (FOR OFFICIAL USE ONLY)			

CURRENT SCHOOL	ADDRESS	YEAR

GP/DOCTOR	ADDRESS	TELEPHONE NO.

TAHARAT, ATTENDANCE, UNIFORM & BEHAVIOUR POLICY

I have read and understood the attached policies and agree to the conditions within them.		
Signature of Parent/Guardian:	Name in Print:	Date:

PLEASE PASS COMPLETED FORM TO HEAD USTAAD/TEACHER