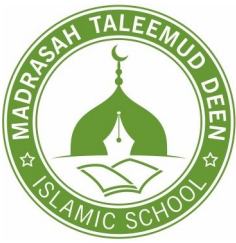




MADRASAH TALEEMUD DEEN

MADRASAH ADMISSION FORM

| CHILD'S PERSONAL DETAILS | | | | | |
|---|---|---|---|--|---|
| Forename(s) | | Surname | | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | Languages Spoken | | Ethnic Origin | |
| CHILD'S PERMANANT ADDRESS OF RESIDENCE | | | ALTERNATIVE CONTACT DETAILS (Emergency Details) | | |
| | | | Full Name | | |
| | | | Relationship to child | | |
| Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | Contact Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| FATHER'S CONTACT DETAILS | | | MOTHER'S CONTACT DETAILS | | |
| Full Name | | | Full Name | | |
| Occupation | | | Occupation | | |
| Home No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | Home No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Work No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | Work No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Email Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | Email Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| OTHER DETAILS (Special Needs) | | | | | |
| Does your child have any learning disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details | | | | | |
| Does your child suffer from any medical condition(s)/allergy(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details | | | | | |
| Does your child take any regular medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details | | | | | |
| OTHER DETAILS | | | | | |
| Child's present school | | | Year/Class | Child's previous Madrasah (if applicable) | |
| Does your child have any siblings at this Madrasah? If so, what are their full names? Please also give the Islamic Studies years they are in. | | | | | |
| PERSON(S) AUTHORISED TO COLLECT THE CHILD FROM MADRASAH | | | | | |
| Name | | Relationship with child | | Mobile Number | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| DECLARATION | | | | | |
| I, the Parent/Guardian of the above mentioned child confirm that all the information provided in this Admission Form is true to the best of my knowledge | | | | | |
| I agree to abide by the Madrasah Policies and fully accept and understand that my child will be expected to abide by all rules and regulations laid down by the Madrasah | | | | | |
| Signature..... Date..... | | | | | |
| FOR OFFICE USE ONLY (to be completed by Madrasah Administration) | | | | | |
| Date of Admission Test | | Date of Admission | | Fee PCM | FN |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | £ <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| S ID | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | IS Yr | Q Level | Q Class | Admission Fee |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | £ <input type="text"/> <input type="text"/> | Comments | |
| | | | | | Authorised Signature |



MADRASAH TALEEMUD DEEN

MADRASAH FEES PAYMENT FORM

The fees are currently £10 every calendar month per child which works out to be £120 per annum. There are three options for payment.

1. An upfront payment of £120 to be paid in **cash/cheque** in a sealed envelope with the student's name/s clearly written on the front of the envelope
2. Two instalments of £60 to be paid in **cash/cheque** in a sealed envelope with the student's name/s clearly written on the front of the envelope. The first instalment will be due in September and the second in February
3. Twelve instalments of £10 to be paid on the first of every calendar month via a **standing order** into the Masjid Account.

Please fill in the required information below clearly stating which option has been chosen by ticking the box.

OPTION 1

Name of Student/s (If more than one student enrolled in the Madrasah from one family):

Total amount to be paid. £ _____

OPTION 2

Name of Student/s (If more than one student enrolled in the Madrasah from one family):

Total amount to be paid in September

Total amount to be paid in February

£ _____

£ _____

OPTION 3

Name of Student/s (If more than one student enrolled in the Madrasah from one family):

Total amount to be paid monthly. £ _____

Payment Reference: MTD _____ (Payment Reference will be MTD followed by the name of the student or eldest student enrolled). Standing orders will be made to the following account.

Bank: Barclays Bank Plc

Account Name: Islamic Association of Lincoln

Account Number: 23612740

Sort Code: 20-50-21

SIGNED: _____

DATE: _____