

MADRESA-E-FURQANIAH APPLICATION FORM

Lewsey Muslim Cultural Society 1 Beadlow Road Luton LU4 0QY

Office Hours Mon – Thurs 4:30pm – 8:30pm Tel: 01582 965159



PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS USING BLOCK CAPITALS AND IN BLACK INK.

The fully completed application form should be returned to the office with the **£10 ENTRY FEE**.

Applications submitted with incomplete information or unpaid entry fees will not be registered.

CHILD DETAILS

FORENAMES:

SURNAME:

Please circle

MALE

FEMALE

DATE OF BIRTH: DD / MM / YY

AGE:

SCHOOL YEAR:

PARENT DETAILS & EMERGENCY CONTACT

NAME OF PARENT/GUARDIAN:

ADDRESS:

TOWN/CITY:

POSTCODE:

HOME TELEPHONE:

PARENT MOBILE:

EMAIL:

ALTERNATIVE EMERGENCY CONTACT NAME & PHONE NUMBER:

RELATIONSHIP TO CHILD

ADDITIONAL DETAILS

NAME OF LAST MASJID/MADRASA ATTENDED:

What level is your child reading at: (please circle)

QAIDAH

AMMA

QUR'AN

HIFZ

PLEASE SELECT YOUR PREFERRED SESSION:

SESSION 1: Mon-Fri 4:30pm-6pm

SESSION 2: Mon-Fri 6pm-7:30pm

SESSION 3: Sat-Sun 10:30am-12pm

NAMES OF ANY SIBLINGS ATTENDING MADRESA-E-FURQANIAH: (Please provide the name of the eldest child).

Child's Name:

Fees ID Number:

MEDICAL

MEDICAL ISSUES/ ALLERGIES /DISABILITY:

Please state if there is any other information which you think is relevant for us to know including any statement of educational needs identified by the child's school:

DECLARATION

1. I have provided the **correct information** as required and I **will inform MADRESA-E-FURQANIAH of any changes**.
2. I have read and fully understand the Madresa Information Pack. (Available to download from www.zakariyamasjid.org.uk)
3. I agree to the **Rules & Regulations of the Madresa** and I **will help my child to obey these rules**.
4. I acknowledge that if my child breaks these rules then he/she could be liable for suspension or even permanent removal from the Madresa.
5. **If I have any complaint then I will contact ZAKARIYA MASJID, who will try to resolve the matter.**
6. I give consent to MADRESA-E-FURQANIAH to educate my child during the session which is offered.

NAME OF PARENT/GUARDIAN:

SIGNATURE:

DATE: DD / MM / YY

FOR OFFICE USE ONLY

ENTRY FEE PAID: YES NO

INITIALS

DATE: DD / MM / YY