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:							Surn	ame	•						
Date of birth:							Curr	ent A	.ge:				Sex		
Place of birth:					Nationality:						•				
Full Address:															
	•							Post	code	e :					
Tel (home):								Tel (work):							
Email:															
Fathers name	:							Mok	oile :						
Mothers name	:					Mol			oile :						
Name of siblin	g alre	ady a	at the	Ма	drasa	ıh:									
Session 1 (4.20 - 5.50pm) Session 2 (6.00 - 7.30					0pm)			Hifz	(4.30) - 7.30pm					
Emergency Contact (must be different from above)															
Full Name :		<u> </u>) 30			<u> </u>			<u> </u>		<i>-</i>	
Relationship to	o app	 licant													
Address															
											Post	cod	e :		
Tel (home) :								M	lobile	e :					
Previous Madrasah Education (if any)															
			Т	ous	s ivia	lara	ısar	1 EC	luc	atio	n (<i>IT</i>	an	<u>/) </u>		
Name of Madr	asah	schoo	ol:												
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					ı										
Address (road & area will suffice)															

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		- Backgro	unu						
		Arab		Pakistani					
		Afghan		Somali					
Please select the group whick represents your ethnic backg		West African		Indian					
Tepresents your curine backy	iouria.	Bangladeshi		Kurdish					
		Other (please state):							
	Joolth 9 M	Indical Co	nditions						
Health & Medical Conditions Does your child have any allergies or medical conditions?									
Does your child have any alle	ergies or medic	cai conditions:	•						
Does your child have any spe	scial advection	nal panda?							
Does your crillo have any spe	eciai educatioi	iai neeus?							
Gp name & address									
Op hame & 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.									
	De	eclaration							
I will adhere by the Madrasah			ted to):						
1 I will send my child to the Madrasah every day and will drop & collect my child on time.									
2 I will park in a legal & safe place and will not park in front of the Masjid on double yellow									
lines									
3 I will ensure that fee pay	•		•	•					
-	 installments at the beginning of each month as detailed on the student fee slip. 4 I will ensure my child is dressed in uniform & my child`s haircut is according to Islamic 								
etiquettes									
5 I indemnify the Madrasah against any injuries, harm, damages & claims during my child's									
attendance.									
6 All concerns and complaints will be made directly to the head teacher & I will not approach or reprimand any member of staff.									
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 co	rrect to the be	st of my kn	owledge.					
Signature :			Date :						
Relationship to applicant :									
Official Use Only									
Date application received :		Re	ceived by:						
Date of admission :									
Fee slip given to parent/guar	dian/child :								