

Child Reference Number (CRN):



Hockwell Ring Masjid

13-17 Barley Lane, Luton, Bedfordshire, LU4 9HT
Managed by Luton Islamic Community Forum
Email: licf@live.co.uk Phone: 01582 563 778

Saturday Booster Class Admission Form

Pupil Details

Name of Child..... Date of Birth.....

Gender: Boy / Girl Age of Child.....

Name of Parent / Guardian.....

Address:.....

Contact No (Home)..... (Mobile).....

Ethnic Origin:.....

Please list all the language spoken by the child:.....

Does your child have any special needs or learning difficulties: [] No [] Yes

Please tell us if your child has any learning difficulties:.....

Please tell us of any important medical information about your child:

Emergency Contact Details

Person's we can contact in case of emergency: Relation to the child:.....

Name:..... Tel:.....

Declaration

I would like to register my child to attend the Saturday Booster Classes at Hockwell Ring Masjid. I agree to pay the class fee of £10 per 2 hour session prior to start of class. I understand if my child cannot attend a session, I am still liable to pay the fee unless I obtain written authorisation from the Education Committee. I agree to bring my child to the Masjid at 11am and collect them at 1pm. I understand the Masjid will not be responsible for my child outside these hours. I also agree to abide by the Masjid Policy. I confirm the information above is accurate to the best of my knowledge.

Name:..... Signature of parent/guardian.....

Date:.....

A deposit of £30 is required (to secure a place) with this application form. This will be returned at the end of term so long as NO unauthorised absence is taken.

Office Use Only

Name of staff receiving form:

£30 deposit Paid Yes NO