

Child Reference NO:



HOCKWELL RING MASJID
13-17 Barley Lane, Luton, Bedfordshire, LU4 9HT
Managed by Luton Islamic Community Forum
Phone Number: 01582 563778
website: www.hockwellringmasjid.org.uk

HOCKWELLRING EVENINGMADRASAH

ADMISSION FORM

Pupil Details

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

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

Please tick the languages child can speak: English Urdu Bangla others.....

Does your child recite the Quran? [YES][NO] [FLUENTLY]

(Please note that every child goes through an evaluation before he or she is put into appropriate level of class in Quran and Qaida.)

Does your child have any learning difficulties:.....

Does your child have any medical information that we need to be aware of:.....

What session would you like your child to attend?

[5pm- 6pm] YES/NO [6pm-7pm] YES/NO [Both sessions: 6pm- 7pm] YES/NO

PARENTS/GUARDIANS

NAME:.....

ADDRESS:.....

CONTACT NO: (Home):(Mobile):

Emergency Contact Details:

Person that we can contact in case of emergency /relation to child

Name: Contact No:

(I understand if I change the above details, I should inform the Madrasah)

Declaration:

I would like my child to attend the evening Madrasah at Hockwellring Masjid. I agree to pay the class fees of £22 per month

I understand that if my child cannot attend the Madrasah, I am still liable to pay the monthly fee unless I obtain a written authorization from the Head Teacher. I agree to bring my child to the Masjid at the correct time admitted. We also require your authorization in writing if the child is going to walk back home on his/her own.

I understand the Masjid will not be responsible for my child outside these hours. I also agree to abide by the Madrasah Policy. (A copy of which is available on request or available on our website).I confirm the information above is accurate to the best of my knowledge.

I understand that if my contacts details change then I must inform the Madrasah team.

Parents / Guardians signature: Date:

FOR OFFICE USE ONLY

NAME OF STAFF RECEIVING APPLICATION FORM:

DATE:

CONTACT DETAILS AVAILABLE.....YES / NO

ANY MEDICAL INFORMATION.....YES / NO

ANY LEARNING DIFFICULTIES.....YES / NO

ADMISSION FEE APPLICABLE.....YES / NO

ASSESSED LEVEL

ADMITTED IN CLASS

HEAD TEACHER'S SIGNATURE.....