

HOCKWELL RING MASJID EVENING MADRASAH

ADMISSION FORM

Student Details		
Name of Child: Date of Birth:		
Gender: Boy/Girl Age of Child:Ethnic Origin:		
Please circle the languages child can speak: English Urdu Bangla others:		
Does your child recite the Quran? [FLUENTLY] YES / NO:		
(Please note that every child goes through an evaluation before he or she is put into the appropriate level of class.)		
Does your child have any learning difficulties:		
Does your child have any medical information that we need to be aware of		
PARENTS/GUARDIANS		
NAME		
ADDESSS		
CONTACT NO: (Home):		
Emergency Contact Details:		
Person (next to keen) that we can contact in case of emergency /relation to child		
Name:		

Declaration:

I would like my child to attend the evening madrasah at Hockwell Ring Masjid. I agree to pay the class fee of £30 or £25 for second child per month. I understand that if my child cannot attend Madrasah, I am still liable to pay the monthly fee. I agree to bring my child to the Masjid at the correct time and collect them promptly. I understand the Masjid will not be responsible for my child outside these hours. If I like my child to walk back home on his own, I would authorize my consent in writing to madrasah.

I agree to abide by Madrasah policy and procedure (a copy of which I have received).

Parents/Guardians signature	:
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..... Date:

GDPR Notice:

Any information collected in this form is necessary and relevant for admitting child in madrasah. We will use this information to administer and help support children in madrasah only. We treat all personal information with the utmost confidentiality and in line with current data protection legislation. We will never share this information for any other purpose or with any third party. We will retain this information as long as the child is in madrasah after which the information will be destroyed.



Admission fees paid (Please circle) Y / N

Date of registration /

/ / Signature of Head teacher.....

13-17 Barley Lane, Luton. Bedfordshire. LU4 9HT