**Application Form   
HCM Madrassa**

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| Student First Name: | Student Last Name: | |
| Student Middle Names: | DOB: | Age: |
| Parent/Guardian’s Name: | | |
| Address:  City: Post Code: | | |
| Tel Landline: | Tel Mob: | |
| Emergency Contact Name: | Emergency Number: | |
| E-mail: | | |

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| GP Name: | GP Tel: | |
| GP Address/Clinic:  City: Post Code: | | |
| Medical Needs: | | Learning Difficulties: |
| Allergies: | | |

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| Start Date required: | |  |  | |
| Session preference:  ❑ Session 1  (4.45-6.00pm, Mon-Thur)  ❑ Session 1 – Weekend  (10-12pm Sat & Sun) | ❑ Session 2  (6.15-7.30pm, Mon-Thur)  ❑ Session 2 – Weekend  (12-2pm Sat & Sun) | | | ❑Hifz  (4.30-7.30pm, Mon-Thur) (10-12pm Sat) |

HCM-MadrassaAPP/080818/V1

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| Islamic Educational Background: | |
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| Will your child be dropped off/collected? | |
| From time to time, we take pictures for promotional purposes. Please sign here if you would prefer your child **NOT** to be photographed: | |
|  | |
| ***Declaration:***  I (Parent/Guardian of) ----------------------------------------------------declare that I fully understand the rules and regulations of Harrow Central Masjid Madrassa. I agree with the terms and conditions of the organisation for the duration of the education period.  I understand that the organisation reserves the right to cancel my agreement at any time during the duration of the course without refunding the fees.  I agree to the **fee terms** by which I will pay in full at the start of each month, including holidays taken in or outside of Madrassa holidays.  I understand that **failing to pay** the fees in the correct amounts and on time, will result in students being **removed** from classes.  I declare that all the information provided is accurate and correct.  Signature: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Dated: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | ***Only for Office Use:***  Registration No:    Student ID No:  Admission Fee Receipt No:  Administrator’s Name:  Administrator’s Signature:  Head of Education Signature:  Date: |