**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: |
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| ***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:  |