**NEW STARTER APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| **Name**  Full Name as registered on the Birth Certificate or Passport | | | | |  | | | | | | | | | | **D.O.B.** | | | |  | | |
| **Address**  Full Address with Post Code | | | | |  | | | | | | | | | | | | | | | | |
| **Contact Details** | | | | | **Home** | |  | | | | | **Mobile** | | | |  | | | | | |
| **Parents Details**  Full Name, as registered on the Passport. Confirm Marital status and whether the parent/guardian is a single parent. | | | | | **Fathers Name** | | | |  | | | | | | | | | | | | |
| **Mothers Name** | | | |  | | | | | | | | | | | | |
| **Marital Status** | | | |  | | | | | | | | | | | | |
| **MEDICAL DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| **Epilepsy** |  | | **Asthma** | | |  | | **Speech Impairment** | |  | **Blood Pressure** |  | | **Diabetes** | | | |  | | **Other** |  |
| **Brief Description of Other** | | | |  | | | | | | | | | | | | | | | | | |
| **Name, Address and Telephone Number of Doctor** | | | |  | | | | | | | | | | | | | | | | | |
| **SCHOOL DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| **Name, Address and Telephone Number of School** | | | |  | | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | **Relationship** | | | |  | | | | |
| **Address** | |  | | | | | | | | | | | **Tel Home** | | | |  | | | | |
| **Tel Mob** | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | **Relationship** | | | |  | | | | |
| **Address** | |  | | | | | | | | | | | **Tel Home** | | | |  | | | | |
| **Tel Mob** | | | |  | | | | |

**I DECLARE THAT THE ABOVE MENTIONED DETAILS ARE CORRECT AND I AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF MADRASAH NAQEEBUL ISLAM.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Parent** | **Date** |
|  |  |  |  |

**Please hand in to the Madrasah principal, with a photocopy of the birth certificate and a £20.00 Admin Fee.**