

PERSONAL DETAILS							
Full Name as registered on the Birth Cert of	or Passport				D.O.B.		
Address Full Address with Post Code					Home Tel		
PARENT / GUARDIAN DETAILS							
Marital Status							
Father/Guardian's Name							
Mobile Number			Email				
Mother's Name							
Mobile Number			Email				
MEDICAL DETAILS							
Medical Conditions Please include any regular medication							
Doctor/Surgery Name Full Address with Post Code					Telephone		
		SCHOOL D	ETAILS				
School Name Full Address with Post Code					Telephone		
PREVIOUS MADRASAH							
Name Full Address with Post Code					Telephone		
Reason for Leaving					Years Completed		
EMERGENCY CONTACT DETAILS							
Name			Re	elationship			
Address Full Address with Post Code			Те	l Home			
Full Address with Fost Code			Те	l Mob			
Name			Re	lationship			
Address Full Address with Post Code			Те	l Home			
			Те	l Mob			



We respect your personal data and we want you to know that we will store this safely and securely. We will only use this for contacting yourselves and will not share it with any third parties.

I consent to Madrasah Naqeebul Islam storing my and my children's personal details for the purpose of his/her Islamic education and all administrative activities related to Madrasah Naqeebul Islam.

Name	Signature	Parent/Guardian	Date

Please hand in the completed form, with a copy of the child's Birth Certificate / Passport and a £20.00 admin fee to Moulana Sohel Bapu (07889781774) / Sadiq Adam (0776738600).

Madrasah Naqeebul Islam Administrative checks – Internal Use Only

No	Check Activity	Status
1	Application fully complete with all required fields populated	
2	Birth Certificate\Passport copy attached	
3	Admin fee paid	
4	Name on Birth Certificate\Passport same as application	
5	Email addresses correct	
6	DOB check correct	