

10a Montagu Road | Hendon | NW4 3ES

info@hendomadrasah.co.uk | 07500 707 799 | www.hendonmadrasah.co.uk | Hendon Mosque Charity No. 289834

## **Hendon Madrasah Application Form**

Please complete all sections of this form in CAPITAL LETTERS.

No.\_\_\_\_\_ / 20\_\_\_\_

Administrative Admission Criteria: This form must be fully completed & returned on:

1) Childs Photographic Proof of Identity (Passport). 2) Proof of Parents Address.
3) Completed Standing Order / Gift Aid Form. 4) 2 x Emergency Contacts must be fully completed.

This form will be rejected if the above criteria along with all other policies are not met.

Please tick the class you are applying for			Weekday	Saturday	Saturday								
First Name of Child: (as in passport/ birth certificate)													
Surname	•												
Date of Birth:			Please Circ		: Boy	Boy Girl							
Address:	(House Nu	ımber & Road)											
(Area & C	City)												
(Postcode	)												
Home Number (Landline - Not Mobile)													
Mobile Number (This number will be used as primary contact number)													
Name and Address of PrimarySchool:													
•													
Present Y	ear in Sch	ool, e.g Year 1, Year	2 etc:										
Country	of Origin:												
Language Spoken at Home:			1st	2nd	3rd	3rd							
		Please give det	tails of any medi	cal conditions a	nd								
		if applicable a	ny medication b	eing administer	ed:								
		Please ar	swer the followi	ng questions:			_						
1	Does your child have a learning difficulty?		Yes	Yes									
2	Does your child suffer a behaviour problem?			Yes		No							
3	3 Does your child have special educational needs?					No							
P	Please give details of any additional children attending Hendon Madrasah.												
Name:		Name:	Name:	Name:	Name	Name:							
Class:		Class:	Class:	Class:	Class: Class:								

		Par	ent/Gua	rdian of	Pupil			
Father's Surname:		Mother's Surname:						
First Name:				First Nar	ne:			
Address				Address				
(If different to				(If different to				
childs on Page 1)				childs on Page 1)				
Occupation:				Occupati				
Mobile Number:				Mobile N	lumber:			
Email Address:				Email Ad	ldress:			
Please give det	tails of two	additio	nal peop	le other	than the	mother	and father who can	
	be contac	ted in a	n emerge	ency duri	ing Madr	asah tin	ne.	
Name:				Name:				
Relationship to				Relations	ship to			
child:				child:				
Address:				Address:				
Telephone No:				Telephon	ne No:			
Mobile No:				Mobile No:				
Mode of transport t	that will be	used by p	upil to and	d from Ma	adrasah: (p	lease tick	or answer accurately).	
   Walking (accompar	nied):		or	Unaccom	panied:		]	
Do you permit your		home alo	1	•	YES	NO	]	
Car (with parent/gu	_		]	Shared C			I Sibling is considered sharing	
Public Transport:	<u> </u>		) ]	Cycle:				
Other (please elabo	roto):		l	Cycle.			l	
Other (please elabor	iate).							
	I hereby ap	ply for ac	dmission o	of my child	d to Hendo	n Madras	sah.	
I have read and a	gree to the A	dmission	Policy an	d also agr	ree to abide	e by the R	Rules and Regulations.	
If I have sub	mitted any	innacura	te informa	tion, then	my applic	ation will	l be disqualified.	
Signature of Parent				Date:				
			Office	Use Only	v			
Application receive	d on:					d bv:		
Proof of identity checked:				Application received by: Address verified:				
Class admitted to:				Date admitted:				
Additional Comme	nts•			Dute dull				
	1163							