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Madrasa Tajweedul Quran

140 - 142 Garstang Road Fulwood Preston PR2 8NA
Tel/Fax: 01772 71 60 60 Email: al_ansaar@yahoo.co.uk

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Age @ 31/08/16:

THE ABOVE IS FOR OFFICE USE ONLY

Madrasa Pre-Admission Form

- ⇒ **Ensure you have also received and read the sheet containing “Admission Guidelines”**. If you have lost or misplaced this, get a copy from our website. It is important you read the guidelines before applying.
- ⇒ Read through this entire form before filling it in. Use only one form per child. Ensure both sides are completed.
- ⇒ Ensure you enclose a copy of your child’s birth certificate (do not send the original).

<i>Child's first names(s)</i>	
<i>Surname</i>	
<i>DOB</i>	
<i>Name of Sibling ALREADY in the Madrasa:</i>	

<i>Session applied:</i>	<input type="checkbox"/> 1 st SESSION (4.25pm – 6.00)	<input type="checkbox"/> 2 nd SESSION (6.10pm – 7.45)
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<i>Parent / Guardian's Full Name</i>		
<i>Address</i>		
<i>Postcode</i>		<i>Area:</i>
<i>Tel (Home): Essential</i>		<i>Mobile:</i>
<i>Email:</i>		

<i>Child details</i>	<p>Tick the appropriate boxes:</p> <ul style="list-style-type: none"><input type="checkbox"/> This child is an absolute beginner (never been to a Madrasa).<input type="checkbox"/> This child is currently attending another Madrasa.<input type="checkbox"/> This child is at least 6 years old when filling this form in <u>and</u> is an absolute beginner.<input type="checkbox"/> This child has already started school and is in year
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Part 2 – Only fill in this section if this child is currently attending a Madrasa or other similar establishment:

Name of current Madrasa:			
No. Of pages completed in Ahsanul Qawaid:		No. Of Siparas completed (if on the Quran):	
Approx. length of stay in current establishment:			
Any think else you think we may need to know:	Please enclose with this form on a separate letter.		
Why is your child leaving h/her current Madrasa	If necessary, please write on a separate letter.		

Part 3 - Is there a disability / allergy / serious condition / learning difficulty which we need to know? You must provide this information for us to help your child progress. Please give FULL details. If NONE, then please state NONE. Please also refer to the guidelines that you will have received with this form.

Attach a separate letter if necessary.

Tick if applicable:

<i>This child has involvement with Social Services.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>This child is statemented (SEN).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>This child attends speech therapy or has attended in the past.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration: I have read the admission guidelines, especially in respect to additional needs etc.

Signature.....Date.....

Note: By filling in this form, a place is not guaranteed. You are requested to pass this form onto the above address, and we will contact you approx. 12-14 weeks before Ramadhan.