

BCM MADRASAH

ADMISSION FORM

Pupil Details:

First Name: _____ Surname: _____

Date of Birth: ____/____/____ Boy Girl Age: ____ School Year: ____

Full Address: _____

Post Code: _____

Which school do you wish to apply for?

Evening School (5-7pm)

Boys Hifz (5-7pm)
Girls Hifz (5-7pm)

Weekend School (11am-2pm)

Previous / current madrasah name: _____

Parent Details:

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Tel No. (Home): _____ Tel No (Mobile): _____

Email 1: _____ Email 2: _____

Medical Information:

Is your child under any medication: _____

Any special educational needs: _____

Parent / Guardian:

I hereby wish to admit my child to BCM Madrasah and agreed to abide by all the rules and policies of BCM Madrasah.

GDPR

I consent to electronic storage of personal data at the Madrasah for communication purposes.

Signature:..... Date:.....

OFFICE USE ONLY

Date form Received: _____ Received By: _____

Admission Fees: £10.00

Resource Fees: £25.00 per year

Monthly fees: £40.00/£30.00

Admission approved by: _____ Date of Admission: _____ Class: _____