

STUDENT REGISTRATION FORM 2017 – 2018 / 1438 – 1439

Please complete/amend where necessary all the boxes in this form. Thank you.

Student Details

Student ID:	Name:		Class (exis	Class (existing students only):				
Gender:		D.O.B:	Age:	School:				
Medical Problems if any:								
Special Education	onal Needs if an	y to be aware of:						

Parent Details

Parent's Name(s):							
Address:							
E-mail address(es):							
Tel No(s):							
Would you like to receive broadcasts of bulletins and events via "WhatsApp"?							
Car Registration 1:	Car Registration 2:	Car Registration 3:					

Emergency Details

Name:	
Tel No(s):	

Please notify the Madressah of any changes ASAP.

Agreement to Madressah Policies (Please tick boxes to indicate your agreement to the following policies that are available on our website at <u>www.muslimschooloadby.co.uk</u>. Note: printed copies to review are available on request).

Car Parking Policy	Anti-Bullying Policy	Behaviour Policy	First Aid Policy	Safeguarding Policy			
Parent/Guardian(s) Signature: Date:							
NOTE: NEW STUDENTS FROM AUG 2017 TO INCLUDE A £25 REFUNDABLE DEPOSIT TO THIS REGISTRATION FORM							
Office Use Only							
Student ID:	Date entered on sy	stem: New Stude	ent £25 Enrolment F	ee Included (Y/N)			