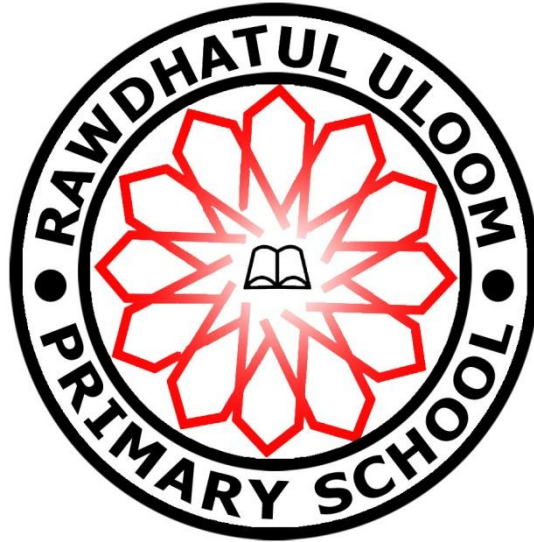


# RAWDHATUL ULOOM

## Student Application Form



### For administration use only

Name of Child: .....

Date of application: ..... Report:  Yes  No

Date of Assessment / Interview: .....

Date of Admission: .....

-Admitted       -Waiting list       -Apologised

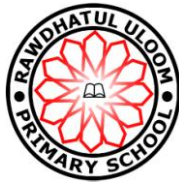
Admission number: ..... Year: .....

Admission Fee Paid     Yes     No    Date: .....

Notes:

Birth Cert   

Standing  
Order



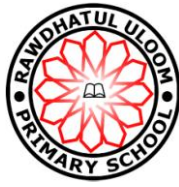
**1. Reason for admitting your child to Rawdhatul Uloom**

|  |
|--|
|  |
|--|

Please continue on last sheet if needed.

**2. Student Details**

|                          |                    |
|--------------------------|--------------------|
| Student's First Name(s): |                    |
| Surname:                 | Date of Birth:     |
| Home Address:            |                    |
| Postcode:                |                    |
| Primary Contact:         | Secondary Contact: |
| Tertiary Contact:        |                    |



### 3. About Your Child

Does your child speak English fluently?

Yes

No

If your child speaks a different language(s), please indicate which language(s):

- 1.
- 2.
- 3.
- 4.

Does your child recite Qur'an:

Fluently

Yes

No

Does your child attend Mosque?

Yes

No

Name:

Address:

Please use the space below to tell us any other additional information about your child:

Please continue on last sheet if needed.



#### 4. Parent's Details

Father's First Name(s):

Surname:

Occupation:

Address:

Postcode:

Work Tel No:

Home Tel No:

Mobile Tel No:

Email Address:

Mother's First Name(s):

Surname:

Occupation:

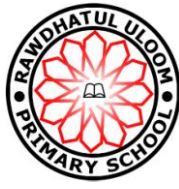
Address:

Postcode:

Email Address:

Home Tel No:

Mobile Tel No:

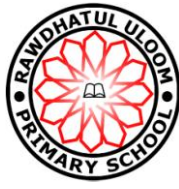


### 5. Emergency Contact Details

|                 |                        |
|-----------------|------------------------|
| First name (s): | Relationship to Child: |
| Surname:        | Date of Birth:         |
| Address:        |                        |
| Postcode:       | Work Tel No:           |
| Home Tel No:    | Mobile Tel No:         |

### 6. Doctor's Details

|                   |              |
|-------------------|--------------|
| Surgery Name:     |              |
| Doctor's Name(s): |              |
| Address:          |              |
| Postcode:         | Surgery Tel: |



## 7. Medical Needs

Allergies:

Special Educational Needs (SEN):

Medical History:



## 8. Educational History

School Name:

Address:

Postcode:

Dates attended:

School Name:

Address:

Postcode:

Dates attended:

School Name:

Address:

Postcode:

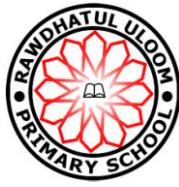
Dates attended:

School Name:

Address:

Postcode:

Dates attended:



### 9. Parent / Gaurdian Declaration

I apply for admission of my child to Rawdhatul Uloom and certify that all the above mentioned details are accurate to the best of my knowledge. I undertake to honour in full the requirements of my child's agreed study programme, all school rules, regulations and policies in accordance to Islamic Shari'a.

I have returned this completed form with a **£100 registration fee** to reserve a place for my child.  
(non-refundable and **not** part of the tuition fees) (Cheques payable to: 'Rawdhatul Uloom')

Print Name:

Date:

Signature:

### 10. Additional Notes