

AL – HIJRAH MADRASAH

مدرسة الهجرة المسائية

ADMISSION FORM

Pupil Details:

First Name: _____ Surname: _____
Please Tick as appropriate.
Date of Birth: ____/____/____ Boy ☐ Girl ☐ Age: ____ School Year: ____
Full Address: _____
Post Code: _____

Which school do you wish to apply for?	Hifz	
Evening School (5-7pm) <input type="checkbox"/>	Boys Hifz (6-8pm) <input type="checkbox"/> Girls Hifz (5-7pm) <input type="checkbox"/> Boys Hifz Session 1: 5-7pm <input type="checkbox"/> “ Session 2: 7-8:30pm <input type="checkbox"/>	Weekend School (11am-2pm) <input type="checkbox"/>

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 Al-Hijrah Madrasah and agreed to abide by all the rules and policies of Al-Hijrah 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: _____ Monthly fees: _____
Admission approved by: _____ Date of Admission: _____ Class: _____

Please send this completed Form to:

AL-Hijrah School, 71 Hob Moor Road, Small Heath, Birmingham, B10 9AZ.
Tel: 0121 766 5454 Mob: 07482 436 366 E-mail: eveningschool@alhijrahtrust.org