**HIFDH CLASS INITIAL APPLICATION FORM**

Please complete and sign this form. Use one form per child.

Return the completed form to Noor Ul Islam.

A fee of £60 is payable per month.

Evening session only. 4:30pm to 7.00pm

|  |  |
| --- | --- |
| **Name of Child** |  |
| **Date of Birth** |  |
|  |  |
| **Name of Parents** |  |
| **Address** |  |
|  |  |
|  |  |
|  |  |
| **Post code** |  |
| **Telephone No.** |  |
| **Mobile No.** |  |
| **Email** |  |
| **Does the child named above suffer from any illnesses? If yes please describe them below** | |
|  | |
|  | |
| **Name & contact details of responsible person in an emergency** | |
| **Relationship to the Child above** |  |
| **Telephone No.** |  |

I wish to have my child named in this application form admitted to the Noor Ul Islam Hifdh Class.

I understand the responsibility to bring and collect my child at the appropriate times.

**Signature**:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **For Office use only** | |
| **Date of Admission** |  |
| **Class** |  |
| **Registration Fee Payment** | £ |
| **Receipt No.** |  |

Tel: 020 8558 0786 (Option 5) Email: Madrassa@noorulislam.org.uk