

## TAYBAH MADRASSAH ADMISSION FORM

### Child's Details

Date of birth		Gender	M / F
First name(s)		Surname	
Address	Postcode		

### Name of First Parent/Guardian Living at Home Address Above

Title		First name		Surname	
Relationship to child			Parental responsibility?	Yes / No	
Home telephone number			Work telephone number		

### Name of Second Parent/Guardian

Title		First name		Surname	
Relationship to child			Parental responsibility?	Yes / No	
Home telephone number			Work telephone number		
Address (if different)					

### **Other contacts in case of emergency or illness at school**

Name(s)		Telephone number(s)	
Relationship to child			

Name of doctor		Telephone number	
Any medical condition or allergies			
<b>Other contacts in case of emergency or illness at school</b>			
Name(s)		Telephone number(s)	

Please tick the box to give consent to use your child/(ren) photos/ videos for Taybah's administration, website and social media platform

yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Signature		Date	
-----------	--	------	--

<b>Office use</b>			
<b>Current level</b>		<b>Enrollment</b>	
<b>Basic</b>	(Qâ'ida/Arabic Alphabet) <input type="checkbox"/>	Halaqa	
<b>Intermediate</b>	(Reading Juz 'Amma) <input type="checkbox"/>	Teacher	
<b>Advanced</b>	(fluent reading – Hifth) <input type="checkbox"/>		