

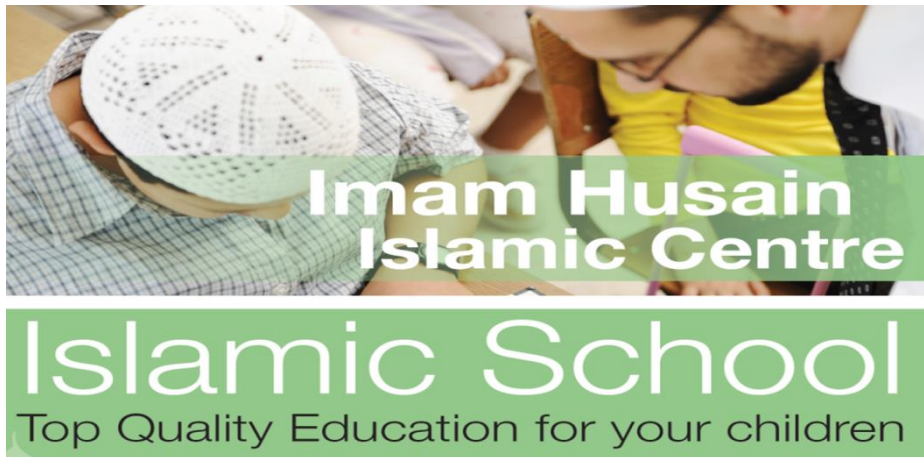
**OFFICIAL USE ONLY**

Date of Enrolment: \_\_\_\_\_ Semester: 1 2 3 4 Term: 1 2

Form Received: \_\_\_\_\_

Class/ Marks per semester								
Student								
	<i>Quran</i>	<i>IS</i>	<i>Quran</i>	<i>IS</i>	<i>Quran</i>	<i>IS</i>	<i>Quran</i>	<i>IS</i>
Sem 1								
Sem 2								
Sem 3								
Sem 4								

# Application Form 2017



Office use only			
	Donation	type	Date
<b>Term 1</b>			
<b>Term 2</b>			
<b>Term 3</b>			
<b>Term 4</b>			

**NOTE:**

- All applications **MUST** be submitted to Imam Husain Islamic Centre
- Late applications will be considered only under management discretion
- Please fill out all sections
- Parents will be notified of acceptance of application by email or phone call
- Application does not guarantee a place

**Instructions:**

Fill in all sections clearly and carefully by writing in block letters.

All data is confidential and is not forwarded to any other party.

**1 Parent/guardian DETAILS**

Title: *(Please tick)* Mr  Mrs  Miss  Ms  Dr  Other

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Marital Status:  Married  Divorced  Widowed

Residential Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Emergency/Next of Kin Contact Details: Name \_\_\_\_\_ Phone: \_\_\_\_\_

**3 Student/s Enrolled**

Fill as appropriate

	Name of Child	Year at school	Male/Fe male		Date of Birth			Age
1			M	F	DD	MM	YYYY	
2			M	F	DD	MM	YYYY	
3			M	F	DD	MM	YYYY	
4			M	F	DD	MM	YYYY	

Can you please provide one character referee (Teacher/local Imam (Sheikh)/youth leader etc.) with contact details for this child **(If above 13yrs old)**:

Name: \_\_\_\_\_

Position/institution: \_\_\_\_\_


Relationship to student: \_\_\_\_\_

Email address: \_\_\_\_\_ Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

**3 Students information – Please do not fill this if you have done so last year**

**For each child, please fill out the following information**

<b>Child name</b> 				
Has this child ever been enrolled in Islamic Studies/Quran Classes in the past?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes? Which School _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes? Which School _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes? Which School _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes? Which School _____
Does this child know the basic rules of fasting, praying, wudhū?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does this child know how to read Arabic/Qur'an?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does this child have any physical or mental disabilities? (if yes please see management)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
What school does this child attend				
What rank is he/she in class				
Has this student been expelled or suspended from class?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does this child have behavioural problems?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Mobile number of child				
Email address of child				
I consent for this child to go on supervised excursions/trips outside of IHIC and indemnify IHIC school of all liabilities.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please describe in short below what you expect this child to achieve/be taught by attending the Imam Husain Islamic School?

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## Affirmation

I \_\_\_\_\_ Parent/guardian of the above named children understand that:

- I will endeavour to ensure that my child/ward participates fully in the Islamic studies classes by encouraging
  - The completion of homework
  - Studying for exams and quizzes
  - Preparing them for class every week
- I will make an effort to bring my (or arranging for my children to be brought) children/ward to classes consistently and on time
- I will try to ensure that my children/wards are appropriately dressed for coming to an Islamic centre
- I consent to be contacted for reminders to bring my children to class and commit to participate in any teacher/parent programs to evaluate the progress of my child/ward

I state that all details provided on these forms are correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_