



STUDENT DETIAL:

FULLNAME: _____ **DOB:** (DD/MM/YYYY): _____

GENDER: MALE OR FEMALE: _____

MOTHER TONGUE (LANGUAGE SPOKEN) OF APPLICANT: _____

STUDENT'S ADDRESS

PARENTS/GUARDIAN DETAILS

FULL NAME: _____

EMAIL : _____

POSTCODE _____

MOBILE 1: _____

MOBILE 2: _____

RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION (IF DIFFERENT FROM ABOVE):

NAME: _____ **RELATION TO STUDENT:** _____

PHONE (H): _____ **PHONE (M):** _____ **PHONE (W):** _____

HEALTH:

Does the applicant suffer from any health-related problems the teacher should be made aware of? (Y/N) – If yes, then please describe:

READING LEVEL:

QAIDAH: _____ **TAJWEED:** _____ **QURAN:** _____

The information you have supplied or will subsequently supply be retained by JIC and will be used for communication, processing, enquiries, statistical and audit purposes. Information may also be used for appropriate services and events that may be organised by, or in conjunction with, by ICA. By supplying such information, you consent to JIC storing in accordance with the provision of the data protection Act 1998.

DECLARATION:

I/WE CONFIRM THAT I/WE HAVE READ THE JIC STUDENT POLICIES & TERMS

SIGNATURE OF PARENT/GUARDIAN: _____ **DATED:** _____

THE JIC MADRASSAH WILL OCCASIONALLY LOOK TO UTILISE PHOTOS OF STUDENTS TAKEN FOR INTERNAL PURPOSES IN ACCORDANCE WITH THE DATA PROTECTION ACT. ANY PHOTOS TAKEN MAY BE DISPLAYED ON THE JIC WEBSITE, SOCIAL MEDIA, NEWSLETTERS ETC AS PROMOTIONAL MATERIAL. IF YOU WISH TO OPT OUT, PLEASE NOTIFY US IN WRITING.

For Official Use only: Date Received: ____/____/____

Class: _____ Starting Date: ____/____/____

Admin Fee: _____ Monthly fee: _____ Waiting list: _____