**Student’s Details**

First Name:………………… Surname:………………………… D.O.B:………………..

Male/Female Age:…… Ethnicity:…………………………………………….

Address:…………………………………………………………………………………………….Postcode:…………………….

Parent/Guardian Details:

Name:……………………………………………………………………………………………….

Home Telephone: Mobile:

Do you have any Medical Conditions or Allergies? Yes/No

If yes please give details:………………………………………………………………………….

GP Name:……………………………………………………………………………..…………….

Address:……………………………………………………………………………………………..

Postcode:…………………………………………………………………………………………....

Telephone:

**Additional Information**

What level is the child? Qa’edah Yes/No

Seefarah Yes/No

Qur’an Yes/No

Qur’an with Tajweed Rules Yes/No

Have they been to any Islamic School? Yes/No

If yes please give details:………………………………………………………………………….

Have they or are they receiving private Islamic tuitions? Yes/No

Have they studied basic Islamic teachings i.e *Aqeedah* Yes/No

*Fiqh* Yes/No

*Adab/Akhlaq* Yes/No

*Du’a* Yes/No

*Ta’rikh* (History) Yes/No

**Declaration:** I confirm that the information given is correct to the best of my knowledge

|  |  |
| --- | --- |
| Parents or guardian’s signature | Date |

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**King’s Cross Mosque & Islamic Cultural Centre, Sandfield Basement, Cromer Street, WC1H 8DU**

[**www.kingscrossmosque.org**](http://www.kingscrossmosque.org)