

Application for admission to Markaz Mu'aadh Bin Jabal School



(To be completed by Parent or Guardian)

Section 1: Personal Details

Full Name of Child:			
Date of Birth:		Age:	
Gender:			
Address:			
Postcode:			
Telephone:			
Mobile:			
E-mail:			

Full Name of Father:	
Full Name of Mother:	

Section 2: Emergency Contact Details

Contact 1:	Full Name: Address: Postcode: Telephone: Mobile: Relationship to child:
Contact 2:	Full Name: Address: Postcode: Telephone: Mobile: Relationship to child:

Section 3: Medical History

Does your child have any illness or allergies? If so, please give details.	
Does your child have a disability or special needs? If so, please give details.	

Section 4: Declaration

I declare that the information supplied above is true and correct.

Signed:

Name:

Relationship to child:

Date:

OFFICE USE: