

# APPLICATION FORM



**Mazahirul Uloom London**  
241-243 Mile End Rd, London E1 4AA  
Tel: 020 7702 8533 Fax: 020 7790 9806  
info@mul.org.uk | www.mul.org.uk

## Personal Details:

Surname:.....

First Name(s).....

Address: .....

.....

..... Post Code: .....

Student's DOB: ...../...../..... Age: .....

Applying for the class group: .....

Guardian's Full Name: .....

Occupation:.....

Relationship to Student: .....

Home Tel: .....

Mobile: .....

If the parents are seperated who is the legal guardian of the student?

.....

## School Education (most recent):

Name of School: .....

Name of Head teacher: .....

Address: .....

.....

..... Tel: .....

Email:.....

## Medical Details:

Doctor's name: .....

Address: .....

..... Tel: .....

Does student suffer any illnesses or disabilities? Yes No

If Yes, please give details: .....

.....

Any Regular Medication?

Learning Difficulties or Special Needs? Yes No

If Yes, please give details: .....

.....

## Islamic Education Details:

Name and Address of Masjid, Madrasah or Private Teacher:

.....

.....

..... Tel: .....

Name of Teacher: .....

Tel (If Available): .....

Has the student completed Nazera? Yes  No

How many Juz has the student completed? .....

## Emergency Contact Details:

Name: .....

Relationship to Student: .....

Address: .....

.....

..... Tel: .....

## Declaration:

Please do not sign the declaration until you have read and understood the rules and regulations enclosed.

### Student's Declaration:

I the undersigned declare that all the information I have given is true to the best of my knowledge and I have read and understood the rules enclosed and I agree to abide by them.

Signature of

Student: ..... Date:.....

### Guardian's Declaration:

I the undersigned declare that all the information I have given is true to the best of my knowledge and I have read and understood the rules enclosed and I agree to abide by them where they apply to me and I shall support my son/ward in abiding by them where they apply to him.

Signature of

Guardian: ..... Date:.....

### Before returning the application form please check that you have:

- Fully completed the application form
- Read and understood the rules and regulations (please keep for reference)
- Enclosed a copy of the most recent report from School and Maktab / Madrasah
- Enclosed a copy of pupil's birth certificate or passport

## FOR OFFICE USE ONLY

Date Received..... Year Expected to Start .....

Application Number: ..... Waiting List No. ....

Application accepted? Yes No Admission Fee Paid? .....

Application Handled by: .....

Interviewed by: .....

Signed: ..... Date: .....

**School Reference Request Form** (To be completed by **current or most recent school**)



Pupil's name: ..... Date of Birth: .....

Date of Admission to your school: .....

**Pupil Details**

	Excellent	Very Good	Good	Satisfactory	Poor
Attendance					
Punctuality					
Attitude to studies					
Relationship with staff					
Relationship with Students					
Motivation					
General Behaviour					
General Standard of Work					

**National Curriculum Levels** (Please provide Teacher Assessments if actual results are not yet available)

	English	Maths	Science	ICT	History	Geography	Citizenship	Bengali	Arabic	French	RE	Design Technology	Other
KS1													
KS2													
KS3													

Has the pupil been assessed for SEN? Yes  No

If Yes please provide details below:


Has the pupil ever been excluded? Yes  No

If Yes please provide details below:


Are there any outside agencies involved with the family? Yes  No

If Yes please provide details below:


Any other relevant information:


Name.....

Position in School.....

Signed..... Date: .....

Contact Number.....

<p><b>School Stamp</b></p>
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