



U.K. ISLAMIC MISSION
JAMIA MASJID IBRAHIM BURNLEY
Registered Charity No: 250275

MADRASSAH ADMISSION FORM

PLEASE COMPLETE IN CAPITALS LETTERS

DETAILS OF APPLICANT

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____

FULL ADDRESS DETAILS INCLUDING POST CODE: _____

DETAILS OF PARENT/GUARDIAN

SURNAME: _____ FIRST NAME: _____

RELATIONSHIP TO APPLICANT: _____

FULL ADDRESS DETAILS INCLUDING POST CODE (IF DIFFERENT FROM ABOVE): _____

HOME TELEPHONE NUMBER: _____

MOBILE NUMBER: _____

DETAILS OF EMERGENCY CONTACT

SURNAME: _____ FIRST NAME: _____

RELATIONSHIP TO APPLICANT: _____

FULL ADDRESS DETAILS INCLUDING POST CODE (IF DIFFERENT FROM ABOVE): _____

HOME TELEPHONE NUMBER: _____

MOBILE NUMBER: _____

MEDICAL INFORMATION

DOES THE APPLICANT SUFFER FROM ANY MEDICAL CONDITIONS? _____ YES/NO

IF YES TO ABOVE, PLEASE PROVIDE DETAILS: _____

DOES THE APPLICANT HAVE ANY ALLERGIES? _____ YES/NO

IF YES TO ABOVE, PLEASE PROVIDE DETAILS: _____

NAME OF GP/DOCTOR: _____

GP SURGERY NAME AND ADDRESS: _____

GP CONTACT NUMBER: _____