



Newcastle Muslim Centre Evening Madrasah

Bentinck Road, NE4 6UX

Application for Admission

(Please use **black ink** to complete)

Student Details

Full Name: _____

D.O.B: _____ Age: _____ Place of Birth: _____ Gender: M F

School Name: _____

Parent / Guardian Details

Full Name: _____

Address: _____

_____ Postcode: _____

Home Tel: _____ Mobile No: _____

E-mail (If you have one): _____

Emergency Contact Details (Other than Parent)

Contact Name: _____ Relationship to Child: _____

Address: _____

_____ Postcode: _____ Emergency Contact No: _____

Does the child have a medical problem? Yes / No

If YES, please provide details: _____

Doctor / GP Name: _____ Contact No. _____

Declaration

I hereby certify that according to the best of my knowledge, all the information I have provided is correct and I agree to abide by all the attached rules and regulations of this Evening Madrasah.

Signature of Parent / Guardian: _____ Date: _____

Official Use Only

Name of Examiner: _____ Date of Admission: _____

Report: _____

Class Admission to: _____ Admission Fee: _____ Signature _____