



# ADMISSION FORM

Female department

Please read each section carefully and fill in all sections. The form must be filled in by the applicant's parent/guardian. ALL DETAILS MUST BE WRITTEN IN BLOCK CAPITALS.

*\*please delete as appropriate*

## Part 1 – Student Details

Surname	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
First name	<input type="text"/>	Nationality	<input type="text"/>
Middle name(s)	<input type="text"/>	Ethnicity	<input type="text"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/>	First Language	<input type="text"/>
	Post Code	<input type="text"/>	

## Part 2 – Guardian Details

### Guardian 1

Relationship to applicant *	<input type="text"/> Father / Mother / other: .....
Title	<input type="text"/>
Surname	<input type="text"/>
First name	<input type="text"/>
Home address	Same as applicant:* yes / no If <b>no</b> , please write address below: ..... ..... ..... .....Post code:.....
Home tel no.	<input type="text"/>
Mobile no.	<input type="text"/>
Occupation	<input type="text"/>
Work tel no.	<input type="text"/>

### Guardian 2

Relationship to applicant *	<input type="text"/> Father / Mother / other : .....
Title	<input type="text"/>
Surname	<input type="text"/>
First name	<input type="text"/>
Home address	Same as applicant:* yes / no If <b>no</b> , please write address below: ..... ..... ..... .....Post code:.....
Home tel no.	<input type="text"/>
Mobile no.	<input type="text"/>
Occupation	<input type="text"/>
Work tel no.	<input type="text"/>

## Part 3 – Medical Details

Name of Surgery	<input type="text"/>	Tel no.	<input type="text"/>
Address	<input type="text"/>	Post code	<input type="text"/>
Medical Condition(s)	Please provide any necessary medical information including medication/treatment needed and/or of any disability/long term illness. (E.g asthma, allergy, diabetes, eczema, epilepsy etc.) ..... ..... .....		

Does the applicant have a Statement of Special Needs?\* Yes / No





## Part 8 – Statement of Agreement & Declaration

Please ensure the following are included with this form:

- Registration fee of £75

Please read the following carefully before signing the Declaration.

1. I fully agree that my child will be subjected to, and I will fully comply with, the rules and regulations of the Darul Uloom *Al-Imam Muhammad Adam Al-Islamiyyah*
2. I agree to pay for the registration fee and the deposit at the time of handing this form.
3. I agree to pay the annual fees on the due dates
4. I understand the Darul Uloom *Al-Imam Muhammad Adam Al-Islamiyyah* maintains strict adherence to basic Islamic principles of good conduct, behaviour and respect. All students are expected to subscribe to the Darul Uloom's high standards of conduct.
5. The rules and regulations set out, are amended when necessary and will apply to every student at the Darul Uloom *Al-Imam Muhammad Adam Al-Islamiyyah*

Darul Uloom *Al-Imam Muhammad Adam Al-Islamiyyah* is committed to fulfilling all its obligations under the current Data Protection laws and individuals are assured that it will treat their personal data with all due care. The information you supply will be used for the purpose intended.

**We certify that the information we have provided on the form is true and accurate to the best of our knowledge. We also consent to the information supplied by us being held on file under the terms of the Data Protection Act 1998 and the General Data Protection Regulation 2018.**

Parent/Guardian Signature: ..... Date: ...../...../.....

Applicant Signature: ..... Date: ...../...../.....

**This form and all sent documents become the property of Darul Uloom *Al-Imam Muhammad Adam Al-Islamiyyah* and will not be returned**