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| **OFFICE USE ONLY** |
| Application Date |  |
| Assessment Level |  |
| Assessor |  |
| Registration Fee & Paid Date |  |
| Start Date |  |



**~ LII Madrasah ~**

**Student Application Form**

For completion IN **BLOCK CAPITAL LETTERS** by the parent/guardian of the student

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| **PERSONAL DETAILS OF STUDENT** |
| Student’s Surname |  | Student’s Forename |  |
| Middle Name(s) |  | Student’s Date of Birth | / / |
| Home Address |  |
|  | Postcode |  |
| Is the student an ex-student at Lewisham Islamic Institute? | Yes |  | No |  | Gender | M |  | F |  |
| What languages does the student speak? |  |
| Is the student a complete beginner in Qur’an studies or do they require an assessment prior to joining? *(please tick)*  | ☐ Beginner ☐ Assessment required  |

Please give details of all persons who have parental responsibility/legal guardianship of the student

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| **Contact Information: PARENT/GUARDIAN – Priority 1** |
| Title |  | Surname |  | Forename |  |
| Mobile Number |  | Home Telephone Number |  |
| Work Telephone Number  |  | Email  |  |
| Home Address(if different to above) |  |
|  | Postcode |  |
| Relationship to Student |  | Parental Responsibility | Yes |  | No |  |

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| **Contact Information: PARENT/GUARDIAN – Priority 2** |
| Title |  | Surname |  | Forename |  |
| Mobile Number |  | Home Telephone Number |  |
| Work Telephone Number  |  | Email  |  |
| Home Address(if different to above) |  |
|  | Postcode |  |
| Relationship to Student |  | Parental Responsibility | Yes |  | No |  |

Please give details of any person(s) whom you wish to be contacted in an emergency (in the event we are unable to contact the parent(s)/guardian(s) stated on this form)

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| **Contact Information: Non-parental Emergency Contact – Priority 3** |
| Title |  | Surname |  | Forename |  |
| Home Telephone Number |  | Mobile Number |  |
| Relationship to Student |  |  |

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| **Contact Information: Non-parental Emergency Contact – Priority 4** |
| Title |  | Surname |  | Forename |  |
| Home Telephone Number |  | Mobile Number |  |
| Relationship to Student |  |  |

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| **SIBLINGS** |
| Does the student have any siblings at Lewisham Islamic Institute? | Yes |  | No |  |
| If ‘Yes’, please give full names of siblings here | 1. |
|  | 2. |
|  | 3. |
|  | 4. |

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| **MEDICAL INFORMATION** |

Please give details of any medical condition(s) and/or disability that affect the student, e.g. allergies, diabetes, epilepsy, asthma, eczema etc. Please also detail any medication they require for their condition during LII hours, or in the event of an emergency.

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| Does the student have a medical condition/disability requiring medical treatment? | Yes |  | No |  |
| Does the student have a medical condition/disability requiring medication? | Yes |  | No |  |
| Does the student have any allergies? | Yes  |  | No |  |
| Is the student able to administer their own medication? | Yes |  | No |  |
| If you have selected ‘Yes’ for any of the questions above, please give details here (including names of any medication) |  |

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| **DIETARY REQUIREMENTS** |
| Does the student have any special dietary requirements? | Yes |  | No |  |
|  If ‘Yes’, please provide details  |  |

Please use the section below to provide any further information you feel we should know about the student which has not been mentioned already on this form.

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**PLEASE READ THE DECLARATION BELOW AND SIGN**

**I declare that the information I have supplied on this form is true and correct to the best of my knowledge and belief, and I will inform you of any change of circumstances as soon as possible.I have read the terms and conditions and agree to honour all requirements of the study programme as set out by Lewisham Islamic Institute.**

**Signed (Parent/Guardian)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  \_\_\_\_\_\_

**Please print name in BLOCK CAPITAL letters**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **COURSES AND TIMETABLE OPTIONS***Please indicate below which of the following courses you would be interested in for your child (tick* ***ONE BOX ONLY****):*☐**Qur’an and Islamic Studies** (Mondays& Thursdays) ☐**Qur’an and Islamic Studies** (Tuesdays & Fridays)☐**Qur’an and Islamic Studies** (Wednesdays & Saturdays)☐**SEN Qur’an and Islamic Studies** (Wednesdays& Saturdays)☐**Child Hifdh Course**(Mondays, Wednesdays, Saturdays and Sundays)☐**Child Hifdh Course** (Tuesdays, Thursdays, Fridays and Sundays) |
| **KEEPING IN TOUCH***From time to time, LII would like to contact you with information on news and events taking place. Please tick the boxes below if you would like to be kept updated on any of the following:*☐Eid and Ramadan announcements ☐LII / LIC events ☐Fundraising appeals ☐Upcoming courses☐Volunteering |

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| **ETHNICITY DATA** |
| *This section is OPTIONAL and information will be used for statistical purposes only.* |
| What is the student’s ethnicity? |  |

**GENERAL CONSENTS**

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| **LOCAL VISITS** |
| **DECLARATION:** I give permission for my child, (full name of student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to leave the madrasah premises to participate in local visits and activities.Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_Parent/Guardian Name (in capital letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MEDICAL CONSENT** |
| **DECLARATION:** In the event of an emergency requiring medical intervention, I give permission for my child, (full name of student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive First Aid treatment by a trained member of LII/LIC staff.Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_Parent/Guardian Name (in capital letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **USE OF IMAGES** |
| Please read and complete the following by placing a ‘tick’ in the relevant boxes below. **Agree Disagree** 1. I give consent for my child to participate in professional class photographs / whole

school photographs.1. I give consent for my child’s image to be taken and used for LII/LIC’s social media **Agree Disagree**

pages, website, and publicity material for the madrasah. I am happy for my child’s image to appear in printed and electronic publications as well as in video format.Please ***tick here*** if you **DO NOT** give consent for your child’s image to be used underany circumstances.*\*\* Please note that websites can be viewed throughout the world and not just in the UK. In giving consent you understand that images may be used in printed and electronic form.* **Please inform us in writing should you wish to withdraw your consent at any time.**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_Parent/Guardian Name (in capital letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TRAVELLING HOME ALONE** |
| **DECLARATION:** I give permission for my child, (full name of student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to travel to and from the madrasah alone.Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_Parent/Guardian Name (in capital letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |