



# MUHAMMADI MADRASAH

17 Clifton Road, Balsall Heath, Birmingham, United Kingdom B12 8SX  
Tel: 0121 440 8661 Website: [www.ksmnet.org](http://www.ksmnet.org)

Dear Parent/ Guardian

Attached please find the new application for January 2016 intakes. Applications must be received by us latest **1pm on Sunday 1<sup>st</sup> November 2015**. Applications after the closing date will **NOT** be considered.

**NOTE MINIMUM AGE FOR A CHILD TO BE ACCEPTED INTO MADRASAH IS STRICTLY 4 YEARS 4 MONTHS AT 1<sup>st</sup> January 2016.**

Due to limitations in space and health and safety considerations the maximum intake for Primary1 will be 26 students. In order to fairly accept students we have the following process for applications (in order of priority):-

1. **Age (MINIMUM AGE FOR A CHILD IS 4 YEARS 4 MONTHS AT 1<sup>st</sup> January 2016).**
2. **Parent/Guardian is member of Jamat.**
3. **Parent/Guardian is Non-member of Jamat.**
4. **Date of Application (first come first serve)**

If your child has any allergies please request an allergy form and submit it with your application along with a passport sized photograph of him/her.

## Documentation

Documents you will need to provide are:

1. Copy of the Birth Certificate
2. Details of any medication required (if applicable)
3. Allergy form (if applicable) + passport size photograph (**photograph is only required if you are submitting an allergy form**)
4. Your membership number (if applicable)
5. Fees (to be provided at a later date once place has been confirmed)

## Fees

The fees for the year are:

- Children of KSMC of Birmingham Members £65
- Children of non- KSMC of Birmingham Members £85

## Form Submission

The application form, along with all the required documents, needs to be submitted to the Madrasah Reception Office strictly during opening hours, which are on Sundays between 10am and 1.15pm.

With Salaams,

**Mrs. Sabira Mohamed**

Head of Administration  
Muhammadi Madrasah



# MUHAMMADI MADRASAH JANUARY 2016 ENROLMENT FORM (DEADLINE DATE 1<sup>st</sup> NOV 2015 -1PM)

## CONTACT AND PERSONAL INFORMATION

AP 01/APPLIC 2016

PLEASE NOTE MINIMUM AGE FOR A CHILD IS 4 YEARS 4 MONTHS AT 1<sup>ST</sup> Jan 2016

Name of Child: \_\_\_\_\_

First

Surname

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 01/01/2016 : \_\_\_\_\_ ☐ Male ☐ Female  
Day Month Year

Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
(Alternative Address if different from above)

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

(In case of emergency, please state below where each parent/guardian can be contacted during **Madrasah Time**)

Name : \_\_\_\_\_ Name : \_\_\_\_\_

Relationship : \_\_\_\_\_ Relationship : \_\_\_\_\_

Address : \_\_\_\_\_ Address : \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

## ADDITIONAL INFORMATION

Are you a Jamaat Member? Yes / No If Yes Membership Number: \_\_\_\_\_

Has the Child attended any other Madrasah in the past: Yes, Please Specify: \_\_\_\_\_ ☐ No

Name of other siblings in Muhammadi Madrasah: \_\_\_\_\_

**I declare that the information I have provided is accurate to the best of my knowledge and belief.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:** Please ask for the Allergies Information Form, Please attach a copy of Birth Certificate, Please attach Detail of Medication

**PLEASE TURN OVER AND COMPLETE NEXT PAGE OF FORM**

## OFFICE USE ONLY

Form Received By: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Fees: £ \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Birth Certificate ☐

Details of Medication ☐

Allergies Form ☐

**PLEASE TURN OVER AND COMPLETE NEXT PAGE OF FORM**



# MUHAMMADI MADRASAH JANUARY 2016 ENROLMENT FORM (DEADLINE DATE 1<sup>st</sup> NOV 2015 -1PM)

## PAGE 2

### MEDICAL & SPECIAL NEEDS INFORMATION

AP 01/APPLIC

Allergies: Yes, Please Specify: \_\_\_\_\_ ☐ No

Other Medical Conditions: Yes, Please Specify: \_\_\_\_\_ ☐ No

Family Doctor Name: \_\_\_\_\_ Practice: \_\_\_\_\_

Address : \_\_\_\_\_

Telephone: \_\_\_\_\_ Out of Hours phone: \_\_\_\_\_

Does the child have any Individual Education Plan/ Special Education Needs (SEN) at school? Yes ☐ No ☐

School Name & Address \_\_\_\_\_

School Contact Details \_\_\_\_\_

SEN / IEP Further Details \_\_\_\_\_

Please provide details of statement as assessed by the child's school. This information will be dealt with confidentially by the Madrasah and passed on to our Learning Support team who will be in touch.

Further Information \_\_\_\_\_

### Parental/Guardian Consent

May we use your child's photograph in printed publications that we produce for promotional purposes, or on project display boards, etc? Yes ☐ No ☐

May we use your child's image on our Madressa Website? Yes ☐ No ☐

May we use child's image on video? Yes ☐ No ☐

May we allow your child to appear in the media as part of our Madressa involvement in an event? Yes ☐ No ☐