



Al-Huda Academy

Ouseburn Croft, Darnall, Sheffield, S9 3FY

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MAKTAB APPLICATION FORM

DETAILS OF APPLICANT

Surname / Family Name					
Forename(s)					
Date of Birth	DD	MM	YYYY	Please tick	Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Address					
City			Postcode		
Home Tel No			Mother Tongue		

DETAILS OF PARENT / GUARDIAN

FATHER		MOTHER	
Name		Name	
Address <i>(Please leave blank if same as student)</i>		Address <i>(Please leave blank if same as student)</i>	
	Postcode:		Postcode:
Telephone No		Telephone No	
Mobile No		Mobile No	
E-mail		E-mail	

EMERGENCY CONTACTS

Emergency Contact 1		Emergency Contact 2	
Name		Name	
Address		Address	
	Postcode:		Postcode:
Telephone No		Telephone No	
Relationship		Relationship	

DETAILS OF ISLAMIC EDUCATION

Name of Current Masjid					
Address					
Imam / Teacher's Name				Telephone No	
At this Masjid:	From	To		Current Class (Qaida / Quraan or Hifz)	
Amount of Nazra (Reading Quraan) Completed					
Amount of Hifz Completed					
Islamic Books studied					

MEDICAL DETAILS

Name of GP			
Address			
GP Tel No		E-mail	
Does the applicant suffer any serious or long term illness e.g. Epilepsy, Bronchitis, Frequent Headaches? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes' please give details below:			
Does the applicant suffer from any allergies? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes' please give details of any allergies below:			
Is the applicant receiving any medication at present which you would like to inform us? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes' please give details of Medication below:			
Is there any other information that may be useful for Emergency Doctor/Hospital Staff to know?			

PARENTAL APPROVAL FOR MEDICATION & EMERGENCY TREATMENT

I being the parent / guardian of _____ request and also give approval that:

- (a) any medication be administered as and when prescribed by the Physician according to his/her statement.
- (b) for the staff of Al-Huda Academy to give non-prescriptive medications such as paracetamol or cough syrup according to the instructions given on the containers.
- (c) in case of an emergency my son/daughter can be given First Aid/emergency medical & dental treatment.
- (d) in case of any illness or accident, I will not be making claims against Al-Huda Academy.

I, to the best of my knowledge confirm that the information above is correct.

Print Name: _____ Signature: _____

PARENT/ GUARDIA DECLARATION

I, the undersigned, Parent /Guardian of the applicant do agree that I have read or had explained to me and understand all the rules, regulations and policies of Al-Huda Academy and accept to follow them.

I also understand that in case of breach of any of the above will result in disciplinary action taken against the applicant.

The information given on this form is true and accurate to the best of my knowledge. I understand that application will be disqualified if I knowingly give false information.

Signature (Applicant):		Date:	
Signature (Parent/Guardian):		Date:	

FOR OFFICE USE ONLY

Date Application Received:		Date of Admission:	
Student Admission No:		Class Admitted to:	
Registration Fee:		Method of Payment:	