



Failure to complete the form fully will result in a delay in processing your application.

ALL sections must be completed & returned to:

The Abrahamic Foundation - 215 High Street, Smethwick B66 3AH – 0121 448 9800

1. APPLICANT DETAILS

Surname/s		First name	
Full address			
Date of birth	Current age	Gender	Ethnicity
Languages spoken or understood other than English		Nationality	*Home tel

Name of Sibling ALREADY at The Lighthouse	Session applied: Hifz Class <input type="checkbox"/> 4.45pm – 7.45pm (Mon-Fri)
	Session 1 (4.30-6pm) <input type="checkbox"/> Session 2 (6.15-7.45pm) <input type="checkbox"/>

PLEASE NOTE: We will try our utmost to offer you the space of your choice.
However, if no spaces are available you will be offered as per availability.

2. PARENT/GUARDIAN'S DETAILS

MOTHER	FATHER
Full name	Full name
Address if different from above	Address if different from above
Home tel	Home tel
Mobile (we will text madrasah updates to this number)	Mobile (we will text madrasah updates to this number)
Work tel	Work tel
Email (for madrasah documents and communications)	Email (for madrasah documents and communications)

3. EMERGENCY CONTACT, must be different from above

Full name	Relationship to child
Full address	*Telephone/mobile

4. PREVIOUS MADRASAH DETAILS

Previous Madrasah name & address		*Tel
No. of pages completed in Qaidah	Number of Juz/Sipara completed (if on Quran)	Knows words of Salah (Yes/No)
Why is your child leaving his/her current Madrasah? <i>attach letter if required</i>		

5. CURRENT SCHOOL

Name & address	*Tel
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6. MEDICAL & OTHER INFORMATION

Medical issues/ allergies (if any)
Does the applicant have and special educational needs? If so please provide details.
Please use this space below to provide us with any other information that you feel is relevant to the care and education of your child

5. DECLARATION

<p>I will adhere by the Lighthouse rules including (but not limited to)</p> <ol style="list-style-type: none"> 1. I will drop & pick my child from the Piddock Road and will park in a legal and safe place. 2. I will ensure my child attends everyday and punctually 3. I will ensure that fees are paid in the first week of each installment date 4. All concerns and complaints will be made directly to the head teacher & I will not approach or reprimand any member of staff. 5. I indemnify The Lighthouse against any injuries, harm, damages & claims during my child's attendance. <p>I agree to & fully understand that not complying with the above rules and those attached to this form will result in the discontinuation of my child's studies at The Lighthouse.</p>		
I confirm that the information provided is correct to the best of my knowledge.	Parent / guardian signature	Date

FOR OFFICIAL USE ONLY

Date application received	Received by	Birth certificate received	All sections of form are complete
Admission fee paid	Student roll number	Admitted to class:	Date of admission