Madina Academy

Swindon Road, Dewsbury, West
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01924 731007

www.madinaacademy.org.uk
info@madinaacademy.org.uk

SANATAYN COURSE

APPLICATION FORM

Once you have completed the form, save it to your computer and email it to info@madinaacademy.org.uk

Applicant Details

SURNAME		FORENAME	
HOME ADDRESS		TOWN	
POSTCODE		TEL	
EMAIL		DATE OF BIRTH	
CURRENT OCCUPATION / SCHOOL		PREVIOUS MADRASA	

Parent/Carer Details (if student is under 16 years)

SURNAME		FORENAME	
RELATIONSHIP		PARENTAL RESPONSIBILITY	YES ☐ NO ☐

Contact Details (We will make contact in this order if there is an emergency. Please only include numbers who are available during Madrasa hours. Do not include home numbers if nobody will be available.)

Contact No.1

NAME		RELATIONSHIP		TELEPHONE NO	

Contact No.2

NAME		RELATIONSHIP		TELEPHONE NO	

Student Declaration (To be signed by Parent/Carer if under 16 years)

I,_____the Student / (parent/carer of)_____
would like to enrol (my child) on the Sanatayn Course. I will abide by the rules and regulations relating to my study at Madina Academy.

TIMING (PLEASE TICK):

Option 1 (Mon & Wed) - 10.00am to 12.00pm ○ **Option 2** (Tue & Thurs) - 10.00am to 12.00pm ○

Signed_____Dated_____