

## Application Form

<b>Option</b>	<input type="checkbox"/> Weekend School Sat & Sun 9.30 - 13.00 Enfield branch 10.30 - 14.00	<input type="checkbox"/> Weekday School Mon, Wed & Thu 17.15 - 19.30	<input type="checkbox"/> Hifz Class Evenings & Weekends
<b>Campus</b>	<input type="checkbox"/> Whitechapel 80 Greenfield Rd, E1 1EJ	<input type="checkbox"/> Camden Sandall Road, London NW5 2DB	<input type="checkbox"/> Barking Sandringham Rd, Barking IG11 9AG
	<input type="checkbox"/> Enfield Ark John Keats Academy Bell lane, Enfield, EN3 5PA	<input type="checkbox"/> Tottenham 115 Clyde Road, N15 4JZ	

### Child's Details

First Name

Middle Name

Surname

Date of Birth

Address

Postcode

Home Tel.

Gender

Ethnicity

Special info.

Please provide details on the child's medical conditions, allergies, special educational needs, etc.

### Parent/Guardian's Details

Full Name

Address

Postcode

Mobile No.

Email

### Emergency Contact Details

Full Name

Contact No.

Relationship to child

### Declaration

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

**I am submitting this application along with a £50.00 admission fee.** (Please tick box to confirm)

Signature

Date

/ /