



معهد الإمام محمد آدم من الإسلاميين

Ma'had Al-Imām Muhammad Adam Al-Islāmi

A Tradition of Excellence

APPLICATION FORM

SUBMITTING THIS FORM IS AN EXPRESSION OF INTEREST IN THE IMAM MUHAMMAD ADAM INSTITUTE AND DOES NOT COMMIT THE INSTITUTE TO OFFER A PLACE. PLEASE NOTE THAT ONLY SUCCESSFUL APPLICANTS WILL BE CONTACTED.

All sections of the following form must be completed in BLOCK CAPITALS and black ink.

Please attach a copy of your child's most recent end of year school report to this form. **Applications will not be processed without this.** A school report is not necessary for applicants applying for Year 1.

Once completed, this form needs to be returned to: **97 Bridge Road, Leicester, LE5 3LD**

If you have any queries, please contact the school office on 0116 276 7600

School applying for

Please tick which school you are applying for:

- The Imam Muhammad Adam Institute School (Years 1-4, Boys and Girls and Years 5-11, Girls)
 Imam Muhammad Adam Institute Boys School (Years 5-11 Boys)

Child's Details

Surname: Forename(s):

Date of birth (dd/mm/yyyy):/...../..... Gender: Male / Female

Ethnicity: Nationality.....

Any siblings at the Institute? (Please circle) YES / NO

If yes, please give their name(s) and current year group:

1. Year
2. Year
3. Year

Entry Details

Current age of child: Child's current school year group: School year group applying for:

Name of current school:

Name of current madrasa:

Guardian Details

Guardian 1

Title: Surname: Forename(s):

Relationship to child:

Nationality: Occupation:

Home telephone number: Mobile number:

Guardian 2

Title: Surname: Forename(s):

Relationship to child:

Nationality: Occupation:

Home telephone number: Mobile number:

Further information

Does your child have any medical conditions the School should be aware of? (Please circle): **YES /NO**

If **YES**, please give brief details of the condition and any medication/treatment.....

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Have any other services been involved with your child (e.g; Social Services, Health Visitor, Bilingual Support Service, Speech Therapist, Child & Family Guidance, etc) (Please circle): **YES /NO**

If **YES**, please give brief detail.....

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Does your child have SEN or any learning difficulties that the School should be aware of? (Please circle): **YES /NO**

If **YES**, please give brief details

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How do you know of the School?

Please explain why you wish for your child to attend our School:

.....

.....

Signature

The school is committed to fulfilling all its obligations under the current GDPR laws and individuals are assured that it will treat their personal data with all due care. The information you supply will be used for further processing within the school which will be fair and lawful and the information held securely. Information may be shared with the Local Authority or other relevant agencies as necessary. Please see our privacy notice for more information.

I confirm that the details given in this form are correct.

I understand that providing incorrect data or failing to disclose vital information may result in my child's place being revoked should it be offered.

I confirm that I have attached a copy of my child's most recent end of year school report.

I consent to the information supplied by us being held on file under the terms of the GDPR 2018

Signature of Guardian: Print name:

Relationship to the child: Date:/...../.....

Office use only

Date handed in:/...../..... Handed in to: