



# Bolton Muslim Welfare Trust Al Nur Supplementary School Student Admission Form



## Section 1: Student Details\*

Forename - \_\_\_\_\_ Surname - \_\_\_\_\_

Date of Birth - \_\_\_\_\_ Home tel. no - \_\_\_\_\_

Current School- \_\_\_\_\_ School Year - \_\_\_\_\_

Home Address - \_\_\_\_\_ Post Code - \_\_\_\_\_

## Section 2: Parent/Carer Details\*

Mother's Name - \_\_\_\_\_ Mobile no - \_\_\_\_\_

Father's Name - \_\_\_\_\_ Mobile no - \_\_\_\_\_

Email Address - \_\_\_\_\_

## Section 3: Emergency Contact Details other than Parents\*

Name	Relationship to child	Contact no
1.		
2.		

## Section 4: Details of previous Madrasah

Name of Establishment - \_\_\_\_\_

Date from - \_\_\_\_\_ Date to - \_\_\_\_\_

Subjects studied: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Section 5: Medical Information\*

Name of GP - \_\_\_\_\_

Tel no - \_\_\_\_\_

Address - \_\_\_\_\_

Post Code - \_\_\_\_\_

Medical Conditions - \_\_\_\_\_

Allergies - \_\_\_\_\_

Actions needed - \_\_\_\_\_

## Additional Comments -

### **Declaration\***

1. I undertake to support my child's learning and progress at home and follow the rules set out by Al – Nur Supplementary School.
2. I undertake to inform the school if any of the above details change.

Signature of Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_

### **Please note:**

If any of the sections marked with a \* are incomplete, the application will NOT be processed.

Please return completed form to:

*Al Nur Supplementary School at  
Bolton Muslim Girls' School  
Swan Lane  
Bolton  
BL3 6TQ*