



**The Islamic Cultural Centre
Al-Qalam Weekend School**



Application Form

PLEASE COMPLETE IN CAPITAL LETTERS

First Name

Surname

Date of Birth / / Gender Male Female

Returned Student

New Student

Address

Postcode Home Tel. No.

Parents/ Guardians of Pupil

Father Name

Contact No.

Mother Name

Contact No.

Next of Kin

Contact No.

Country of Origin

Language Spoken at home

Email Address

Any medical conditions. (N / Y), please give in details:

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I hereby apply for admission of my child to Al-Qalam Weekend School. I agree to abide by all the rules of the school and I agree to pay the school fees on time and in full. I also accept that this is non refundable.

Signature of Parent/ Guardian:

Date: / / 2 0 1