

Madrasah/Maktab Application Form

Part 1 – Childs' details

Child – Surname:			
Child – First name (s):			
Please tick:	🗆 Воу		l Girl
Date of birth:	Day	Month	Year
Childs previous Maktab/Madrasah address & Contact No: (if applicable):			
Reasons for leaving current/previous Madrasah			
Address:			
Post Code:			
Please state if child has any health problems or allergies: e.g. Asthma , Epilepsy (fits):			
Does the child require any Special Educational Needs?	□ Yes		□ No
If Yes, please give details:			

MASJID & MADRASAH BILAL (R.A) OFF PARKER ROAD, DEWSBURY, WEST YORKSHIRE, WF12 OAR TEL: 07448283293[Please call Mon – Fri between 5- 7 pm ONLY}

Part 2 – Parent(S)/Guardian & Sibling details

Father's Name:				
Father's Mobile No:				E – Mail:
Mother's Name:				
Mother's Mobile No:				E – Mail:
Home Telephone No:				
If Guardian full name & address & contact no (mobile & landline) & E mail :				
Does the child already have a brother(s) / sister(s) studying at this Madrasah/Maktab?	□ Yes	□ No		es please provide FULL ME(S),YEAR & CLASS
And if yes what class & year?				
Emergency Contact (1) Name & Address:			1	
Relationship to Child:				
Emergency Contact(1) Tel:				
Emergency Contact (2) Name & Address:				

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Relationship to Child:	
Emergency Contact (2) Tel:	

Part 3 – Education

Names of Kitabs/Books studied in the following subjects:	Aqa'id – Beliefs	
	Fiqh – Jurisprudence	
	Akhlaq Wal Aadaab -	
	Morals & Etiquettes	
	Tareekh -	
	History	
	Luga't –	
	Languages	
	Dua's –	
	Supplications	
	Tajweed –	
	Recitation	
No of pages completed in		
Ahsanul Qawaid (or		
similar):		
No of Paras completed (Nazra):		
Paras/Surahs memorised:		

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Please attach to this application form the following documents (originals) which will be checked and copied and returned by the management.

*Due to limited space in t	the Maktab/Madrasah we	only accept children from
the surrounding area.		
*There may be exceptions merit.	s to this and each case wil	l be considered on its own
	ance: Girls: 4½ years	Boys :5 years
*Minimum age at admitta	ance: Girls: 4½ years ee and administration cha	

I..... (Parent/Guardian of above named child) declare that I have read and understood the rules and regulations. If offered a place at Madrasah Bilal I agree to follow all the rules and any further rules that the Maktab/Madrasah may add or change.

Parent's/Guardian's Signature: Date:

FOR OFFICE USE ONLY

Date application		Admission Fee:	
received & by		Amount Paid:	
whom:			
For Class:		Receipt No:	
Accept 🗆	Decline 🗆	Admission Date:	
Decline Reason:		Student I.D.	
Date & Method of		Class:	
reply:			

Form checked by: (initials)

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