

Al Falaah Academy
Tajweed Class
Application Form





Al Falaah Academy
Alimah/Pearls of Knowledge Course
Application Form

DETAILS OF APPLICANT

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

ETHNICITY:

NATIONALITY:

**DETAILS OF EMERGENCY CONTACT (OTHER THAN PARENT/
GUARDIAN IF ABOVE)**

SURNAME:

FORENAME: ADDRESS:

**RELATIONSHIP TO THE
APPLICANT:**

LANDLINE NUMBER:

MOBILE NUMBER:

PLEASE RETURN TO THE FOLLOWING ADDRESS:
311 CALDER STREET, GOVANHILL, G42 7NQ
INFO@ALFALAAHACADEMY.CO.UK
07734348212, 0141-258-29-57

LAST MADRASSAH/MAKTAB/MOSQUE ATTENDED (IF APPLICABLE)

NAME:

LAST SUBJECTS STUDIED:

ADDRESS:

NAME OF CONTACT:

TELEPHONE NUMBER:

CAN YOU READ THE QURAN?

☐ YES

☐ NO

MEDICAL DETAILS

DOES THE APPLICANT:

HAVE ANY MEDICAL CONDITIONS?

☐ YES

☐ NO

TAKE MEDICATION REGULARLY?

☐ YES

☐ NO

HAVE ANY DIETRY NEEDS?

☐ YES

☐ NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS BELOW:

PLEASE USE AN ADDITIONAL SHEET IF REQUIRED. ADDITIONAL SHEET
ENCLOSED? YES ☐ NO ☐

DECLARATION

HAS THE APPLICANT HAD ANY INVOLVEMENT WITH SOCIAL SERVICES OR THE PROBATION SERVICE?

YES ☐ NO ☐

DOES THE APPLICANT HAVE A SEN (Special Educational Needs) STATEMENT?

YES ☐ NO ☐

IF YOU ANSWERED YES TO ANY OF THE PREVIOUS QUESTIONS, PLEASE PROVIDE DETAILS HERE:

PLEASE USE AN ADDITIONAL SHEET IF REQUIRED. ADDITIONAL SHEET ENCLOSED?

YES ☐

NO ☐

THE INFORMATION WE HAVE PROVIDED ON THIS FORM IS TRUE, ACCURATE AND FACTUAL. WE UNDERSTAND THAT OUR APPLICATION WILL BE TERMINATED IF WE HAVE PROVIDED FALSE INFORMATION AND 'WE AGREE TO COMPLY WITH AND ABIDE BY ALL CURRENT AND FUTURE RULES AND REGULATIONS OF AL FALAAH ACADEMY(APPLICANT TO SIGN IF OVER 16).

APPLICANT NAME:

APPLICANT SIGNATURE:

DATE:

PARENT/GUARDIAN NAME:

**PARENT/GUARDIAN
SIGNATURE:**

OFFICIAL USE ONLY

DATE RECEIVED:

ENTRY NUMBER (I.D. NUMBER):

CLASS ADMITTED:

ADMISSION FEE:

PRINCIPAL SIGNATURE:

APPROVED BY:

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