

MADRASSATUL NOOR LEICESTER

170a Belgrave Gate, Leicester LE1 3XL, Tel: 07792174408/07495905225

E mail: madrasatulnoor.01@gmail.com, fcalwattan@gmail.com

Website: <http://madrassatulnoor.org/>

PUPIL ADMISSION FORM

First Name: Family Name:

Other Names: Date Of Birth:

Girl: Boy: (Tick)

Father's Full Name: Mobile:

Mother's Full Name: Mobile:

Guardian Name: Mobile:

Home Address:

.....

Post Code:

Home Telephone:

Emergency Contacts:

Doctor's Name:

Surgery Address:

Telephone:

Medical Details:

Please state if your child suffers from these illnesses: (Tick where applicable)

Asthma Hearing Allergies (which)

Sight Others

Parent's Signature: Date: