



# Application for Admission and Enrolment to

جامعة علوم القرآن

**JAME'AH ULOOMUL QUR'AN (16+ Girls)**

72 Asfordby street , Leicester, LE5 3QG TEL (0116) 2625500

Please complete using BLOCK CAPITALS in BLUE or BLACK ink

## ALIMIYYAH PROGRAM

Please select one box

Have you ever applied to Jame'ah Uloomul Qur'an before?

**FULL TIME: (AM)**

**PART TIME: (PM)**

YES (When?) \_\_\_\_\_

NO

### SECTION 1: DETAILS OF APPLICANT

#### 1a: Details of Applicant

Full Name		Date of birth		Marital Status	
Number and Street		City		Email address	
Postcode	Tel No.		Mobile No.		Nationality

#### 1b: Parent/Guardian address

Parent / Guardian Full Name		Relation to Applicant		Signature	
Number and Street		City		Postcode	
Parent/ Guardian's place of employment		Parent/Guardian's phone No.		Parent/ Guardian's Mobile No.	

#### 1c: EMERGENCY DETAILS

Person to be notified in case of emergency	Relation to you	Phone No.	Mobile No.
<b>NAME #1</b>			
<b>NAME #2</b>			

### SECTION 2: DETAILS OF EDUCATION

Have you ever	Yes	No	If YES, please give brief details
1. Memorised the Holy Qur'an			
2. Taken any lessons in Tajweed			

**2a: Information Of All the Previous Madrasah/Maktab Attended**

Please list in chronological order (most recent first) all Madrasah/Maktab attended

Name of Madrasah/Institute	City	Title of Book(s) studied and Grades/Results achieved	Dates Attended	
			From	To

**2b: Information of previous school/college attended**

Name of School/College	Subjects studied and Grades/Results achieved	Dates Attended	
		From	To

**2c: Proficiency in Urdu as a language**

	NONE	SOME	PROFICIENT
WRITTEN URDU			
SPOKEN URDU			
READING			

**2d: Proficiency in Arabic as a language**

	NONE	SOME	PROFICIENT
WRITTEN ARABIC			
SPOKEN ARABIC			
READING			

**SECTION 3: DETAILS OF APPLICANTS HEALTH**

MEDICAL CONCERNS	YES	NO	IF YES, PLEASE DESCRIBE
Disabilities e.g. hearing difficulties, vision problems			
Asthma			
Diabetes			
Allergies			

Are you currently taking any medication? YES / NO

Please describe \_\_\_\_\_

**Please submit your application with the following documents:**(Applications submitted without these will **not** be processed)

School Report <input type="checkbox"/>	Madrasa Report <input type="checkbox"/>	Reference (1) <input type="checkbox"/>	ID: Passport / Birth Certificate <input type="checkbox"/>
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**Declaration**

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted.

Signed:

Date:

**OFFICE USE ONLY**

APPLICATION HANDED IN TO:

DATE: