



Application for Admission and Enrolment to

جَامِعَةُ عَلَومِ الْقُرْآنِ

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

TAHFIDHUL QURAN PROGRAM

Please select one box

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

FULL TIME: (AM + PM)

YES (When?) _____

PART TIME: (AM ONLY) **(PM ONLY)**

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.
NAME #1			
NAME #2			

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

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"/>

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: