



Madrasah Waiting List

Please return completed form to the mosque office or email to madrasah@barkingmosque.org.uk

Parent/Guardian Name	
Address	
	Post Code
Contact Number	
Email	
Signature	Date

Details of child(ren) applying for Madrasah

First name(s)			
Last Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth	Is the child's address same as above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If NO, please provide full address on reverse. Failure to do so may impact your application</i>			
Relationship to child			

First name(s)			
Last Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth	Is the child's address same as above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If NO, please provide full address on reverse. Failure to do so may impact your application</i>			
Relationship to child			

First name(s)			
Last Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth	Is the child's address same as above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If NO, please provide full address on reverse. Failure to do so may impact your application</i>			
Relationship to child			

First name(s)			
Last Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth	Is the child's address same as above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If NO, please provide full address on reverse. Failure to do so may impact your application</i>			
Relationship to child			

Office use only:

Date received	by (name)
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