

## Special Educational Needs & Disabilities Islamic Studies Course - Application Form

### STUDENT DETAILS

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male  Female 

Home Language \_\_\_\_\_

Who does child normally live with? Both Parents  Mother  Father 

Other (please state): \_\_\_\_\_

### PARENT/GUARDIAN DETAILS

**Name of Father/Guardian 1:** Primary Contact: Yes  No 

Full Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile No \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

**Name of Mother/Guardian 2:** Primary Contact: Yes  No 

Full Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile No \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please give details of who you wish to be contacted in an emergency:

**Priority 1 Emergency Contact:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Priority 2 Emergency Contact:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Priority 3 Emergency Contact:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**MEDICAL INFORMATION**

**Actions in an emergency; please state any known procedures or actions if a medical emergency occurs**

MEDICAL INFORMATION

**Medical History (Include diagnoses)**

**Please provide information pertaining to your child's special needs and/or disability**

**Does the student have any allergies or special dietary needs?**

**SCHOOL ATTENDED**

Name of School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

**MADRASAH**

Please specify if your child has previously attended a Madrasah? Yes  No

**If yes, which Madrasah(s)?** \_\_\_\_\_

What had the student learnt?

Dua's \_\_\_\_\_

Surah's \_\_\_\_\_

Kalima's \_\_\_\_\_

Qaidah/Quran \_\_\_\_\_

Other Islamic books? e.g. Tasheelul fiqh etc \_\_\_\_\_

\_\_\_\_\_

CURRENT ABILITY QUESTIONNAIRE
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**Please answer the following on a scale of 1-10 (10 being the highest). Please circle.**

Understanding of commands: 1 2 3 4 5 6 7 8 9 10

*Additional Comments:*

Motor Skills - ability of student to hold a pen or other objects: 1 2 3 4 5 6 7 8 9 10

*Additional Comments*

Writing Skills: 1 2 3 4 5 6 7 8 9 10

*Additional Comments*

Reading Skills: 1 2 3 4 5 6 7 8 9 10

*Additional Comments*

Verbal Communication: 1 2 3 4 5 6 7 8 9 10

*Additional Comments*

Mobility: 1 2 3 4 5 6 7 8 9 10

*Additional Comments*

**ATTENDANCE**

S.E.N.D. Madrasah will run 1 hour sessions: **Monday to Friday from 6:00pm to 7:00pm.**

**Please state below the number of sessions you would like your child to attend and preferred days:**

*Note: Sessions will only run on the days we have full capacity and therefore flexibility is required. Session may also be restricted due to demand. We aim to restrict each sessions to 5 children per session.*

No of Sessions preferred per Week:    1         2         3         4         5

Preferred Days:    MON         TUE         WED         THUR         FRI

Fees and payment plans to be confirmed.

Do you have other child/ren already attending our Madrasah?    Yes         No

If yes, please provide:

Name/s: \_\_\_\_\_ Current class/year: \_\_\_\_\_

**IMPORTANT DOCUMENTS**

Please provide a copy of the following documentation/Reports:  
(You may need to make a request at your child's school for some of the reports.)

Documents required (if available):

1. SENCO Report
2. Individualized Education Program (IEP's)
3. Educational Psychologist Report
4. Statement/IPRA/EHCP
5. Medical Report
6. Annual Review
7. Health or other professional reports e.g. Physio, SALT
8. Students Photograph

Name of school SENCO: \_\_\_\_\_

Tel/Email: \_\_\_\_\_

*Failure to provide the relevant documents & information is likely to delay the processing of this application and obtaining a place for your child.*

**Please use the space below for any other additional information that you think may be relevant (e.g. continence, wheelchair user, mobility aids, etc.):**

**Would you like to join up to a Parent's WhatsApp group?**  
**(Forum for Parent's to share tips, useful information and support network)** Yes  No

If yes, please provide:

Name \_\_\_\_\_

Mobile \_\_\_\_\_

Name \_\_\_\_\_

Mobile \_\_\_\_\_

**DECLARATION**

Do you give consent to the madrasah to seek / provide medical advice / treatment, for your child in case of an emergency?

Yes  No

Do you give consent to the madrasah to wash your child if required i.e. toileting purposes / accidents?

Yes  No

Do you give consent to take and / or use photography / videos of your child for promotional and such purposes?

Yes  No

*Zakaria Madrasah (I.M.P.S.) is committed to data security and the fair and transparent processing of personal data. We will treat the personal data which you provide to us in compliance with applicable data protection law, in particular the General Data Protection Regulation (EU) 2016/679 (GDPR).*

I \_\_\_\_\_, Parent/Guardian of the above-named child, acknowledge the above information is true and correct to the fullest of my knowledge. I further acknowledge that if my child is offered a place at Madrasah Zakaria I agree to abide by all rules and regulations of the Madrasah, current and in future. Once accepted I will provide details of who will be authorized to drop off and collect my child from the Madrasah premises.

Parent /Guardian Signature:

Date:

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**FOR OFFICE USE ONLY**

Date received: Accepted  Declined  provide reason below

Date replied:

Method of reply: