

NOTTINGHAM ISLAM QURAN SCHOOL
REGISTRATION FORM 2020-2021

PUPIL/STUDENT INFORMATION

Pupil/Student's Name* :

Surname* :

Date of Birth* : / / Gender* Male female

Residential Address* :

.....
.....
.....
.....

PARENT/GUARDIAN INFORMATION

Name* : Surname* :

Relationship* : Father Mother Guardian

Telephone/Mobile No* :

Email address (OPTIONAL) :

EMERGENCY CONTACT INFORMATION

Name* : Surname* :

Relationship* :

Telephone/Mobile No* :

STUDENT MEDICAL INFORMATION

Does your child have a life-threatening condition ? YES NO

If yes, please explain :

.....
.....
.....

Does your child need medication at school ? YES NO

If yes, please explain :

.....
.....
.....

Does your child have any allergies ? YES NO

If yes, please explain :

.....
.....
.....

Does your child have any other health problems of which we need to be aware of? YES NO

If yes, please explain :

.....
.....
.....

Parent/Guardian's Signature

Date

...../...../.....