



STUDENT REGISTRATION FORM

Student Personal Information

Student Name(s):

Child 1:	Date of Birth:
Child 2:	Date of Birth:
Child 3:	Date of Birth:
Child 4:	Date of Birth:
Child 5:	Date of Birth:

Any significant medical condition or medication: (please specify)

Guardian Details

Name:
Address:
Email:

Contact Numbers

Home:
Mobile:
Work:

Guardian Details

Name:
Address:
Email:

Home:
Mobile:
Work:

Emergency Contact

Number:

I have read and agree to abide by the rules and regulations detailed on the Madrasah Rules and Regulations document:

Signed:.....

Date:.....

Worthing Masjid Takes Child Safety and Safeguarding Extremely Seriously