

Hussainia Islamic Mission  
Saturday School

**Student Enrolment Form**

Student / Parent Details

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male / Female: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Home Telephone No. (Include STD code): \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Father's mobile Telephone No.: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Mothers Full Name: \_\_\_\_\_ Mother's Mobile Telephone No: \_\_\_\_\_

Mother's E-mail : \_\_\_\_\_

Declaration

\_\_\_\_\_ (the Parent/Guardian) give  
permission to \_\_\_\_\_ (the Student) to attend the  
Hussainia Islamic Mission madressa and understand that he / she will be supervised by the Madressa teachers  
during Madressa time.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Name:** \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Completion by **Madressa Committee**

Date application received

Application number

Student previous year?

Application reviewed and accepted by:

Head of Religious Education

# Hussainia Islamic Mission Saturday School

## **Madressa Tripartite Partnership Agreement**

All parties to the Tripartite Partnership Agreement are requested to read the Madressa Handbook prior to executing this agreement.

### **Parent's Declaration**

We, parents / guardians of \_\_\_\_\_ confirm that we have read the student and Parent Madressa Handbook, understood its contents and have discussed it with our child/children. We undertake to strive in take an active interest in Madressa work that our child studies and will support and reinforce the Madressa lessons to the best of our capabilities We will accept any necessary discipline/ action taken by the Madressa Committee where the relevant Madressa protocols have been breached.

**Father's / Guardian's Signature:** \_\_\_\_\_ **Father's Full Name:** \_\_\_\_\_

**Mother's / Guardian's Signature:** \_\_\_\_\_ **Mother's Full Name:** \_\_\_\_\_

### **Student's Declaration**

\_\_\_\_\_ a student of Hussainia Islamic Mission, Madressa undertake to make a conscientious effort to learn at Madressa, to take my responsibilities seriously and conduct myself in a conscientious and Islamic manner at all times. I will accept any necessary disciplinary action taken by the Madressa Committee where the relevant Madressa Protocols have been breached.

**Student's Signature:** \_\_\_\_\_ **Student's Full Name:** \_\_\_\_\_

### **Madressa Committee Declaration**

We, the Madressa Committee of Hussainia Islamic Mission Madressa, through our teachers, will endeavor to impart Islamic knowledge to all students in order to facilitate an intellectual understanding of Islam and to encourage the conscientious practice of its religious, spiritual and social aspects, thereby, empowering them to develop sincere and pious Islamic personalities and to participate and respond, both independently and collectively to the social-political status within which they reside, pursuant to the tenets of the Shia Ithna-Asheri faith of Islam.

**Madressa Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ \_

Head of Religious Education / Principal/Vice principal

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Medical Consent Form**

**This form should be completed by a parent/guardian in case of an emergency arising whilst attending Madressa. One form should be completed for each child. Please complete the form in BLOCK CAPITALS.**

**Student Details**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male / Female: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Father's Mobile Telephone No: \_\_\_\_\_

Mothers Full Name: \_\_\_\_\_ Mother's Mobile Telephone No: \_\_\_\_\_

Does your child have any special needs or suffer any specific medical conditions or allergies that require specific treatment or medication? Yes  No

If yes, please specify: \_\_\_\_\_

Is your child on any medication? Yes /no

If yes, please specify and confirm, its location: \_\_\_\_\_

**Doctor's Details**

Doctor's Name : Dr. \_\_\_\_\_

Surgery Address : \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No. (include std code): \_\_\_\_\_

**Parental Consent**

As parent/guardian of the above named child I hereby give permission for the Madressa Teachers appointed by the Hussainia Islamic Mission Madressa Committee to give the immediate necessary authority On my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interests, in the doctor's medical opinion, for any delay to be incurred seeking my personal consent.

Signature of Parent/Guardian: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_