

**REGISTRATION FORM**

Please, fill in the registration form in block letters and sign it.

**PARENT/ GUARDIAN INFORMATION:**

**Surname:** ..... **First name:** .....

**Address:** ..... **Post Code:** .....

**Telephone (Home):** ..... **Mobile Phone [if available]:**.....

**Email [if available]:** .....

**EMERGENCY CONTACT DURING CLASS TIME** [if different from above]:

**Name**..... **Relation** .....

**Address:** ..... **Tel.** .....

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**CHILD/ CHILDREN INFORMATION:** [continue overleaf if necessary]

**Full Name**..... **Date & place of Birth** .....

Memorized "Surats" .....

Proposed Entry Level ( L1.1/ L1.2/ L1.3/ L2/ L3/ L4) .....

Does your child suffer, or have any medical condition? (Yes / No) .....If yes please specify

Does your child need to take any medication on a regular basis?(Y/N)..... If yes please specify

**Full Name**..... **Date & place of Birth** .....

Memorized "Surats" .....

Proposed Entry Level ( L1.1/ L1.2/ L1.3/ L2/ L3/ L4) .....

Does your child suffer, or have any medical condition? (Yes / No) .....If yes please specify

Does your child need to take any medication on a regular basis?(Y/N)..... If yes please specify

**Parent/Guardian Signature:** ..... **Date:** .....

Contact and return the form back to : Ibrahim Alwawi ( Imam)

For more information You can contact us through our website <http://www.aberdeenmosque.org> or 0044-(0)1224 493764