

EASTBOURNE ISLAMIC CULTURAL CENTRE

ASHFORD SQUARE EASTBOURNE. E. SUSSEX. BN21 3TX
www.eastbournemosque.com

EICC Madrasah Application Form
Please complete all sections in CAPITAL letters and black ink.

Child Details

Surname				
First Name				
Date of Birth		Male / Female	Number of Siblings Attending Madrasah	
Home Address				
Post Code		Home Telephone		

Present Year at the School , e.g. Reception, Y1, Y2, etc			
Please give details of any current medical conditions your child has (If necessary attach additional information)			
Language(s) spoken at home	1 st	2 nd	3 rd

Data Protection: You consent to the EICC to hold your information. We will NOT pass it to any third party.

Communication: You consent to the EICC informing you via email, SMS and Whatsapp.

Communication: You consent to the EICC informing you via email, SMS and Whatsapp, about events taking place

**I have read the rules and regulations of the Madrasah and agreed to abide by them.*

***Signature of Parent/Guardian:**

Date:

For Office use, only

Application received on		Application received by	
Fee paid		Fee amount	
Class admitted to			
Admitted by		Date admitted	
Comments:			

Parents/Guardians of Pupil

Relationship		Relationship	
Surname		Surname	
First Name		First Name	
Address <i>(if different from the above)</i>		Address <i>(if different from the above)</i>	
Mobile Number		Mobile Number	
Other Telephone		Other Telephone	
Email		Email	
Please tick which forms of communication you check on a daily basis. Tick as many as you use	Text message <input type="checkbox"/>	Please tick which forms of communication you check on a daily basis. Tick as many as you use	Text message <input type="checkbox"/>
	Email <input type="checkbox"/>		Email <input type="checkbox"/>
	Whatsapp <input type="checkbox"/>		Whatsapp <input type="checkbox"/>
In an emergency contact me: First / Second		In an emergency contact me: First / Second	
Alternative emergency contact		Name: Telephone:	

Security

Password (If sending another adult to collect your child)	
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