

SCMA Maktab Application



Child 1

Surname: _____ First Name(s): _____

Address: _____

Postcode: _____

Male/Female: _____ DOB: _____

Details of Parent/Guardian:

Father

Surname: _____ First Name(s): _____

Mobile: _____ Email: _____

Mother

Surname: _____ First Name(s): _____

Mobile: _____ Email: _____

Address: _____

Postcode: _____

Telephone Home: _____ Email: _____

Medical History

Any known health issues or allergies: _____

Address: _____

Postcode: _____

Telephone: _____ Email: _____

Additional Information: such as special educational needs, any existing level of education

For SCMA Use Only

Application Date: _____

Start Date: _____

All Information on this form will be kept securely and in strict confidence

SUTTON COLDFIELD MUSLIM ASSOCIATION (SCMA)

Court House, Lichfield Road, Access via Anchorage Road, Sutton Coldfield B74 2NS

Registered Charity No. 1020820