



STUDENT APPLICATION FORM

Please complete in a black ball point pen and in block capitals.

STUDENT DETAILS

Forename(s):

Surname:

Date of Birth: Age:

Gender: Male Female

Current School:

Any previous Islamic education? Yes No *If yes, please specify*

Does the student have any Medical or Special Education Needs? Yes No *If yes, please specify*

PARENT/GUARDIAN INFORMATION

Forename(s):

Surname:

Address:

Postcode

Mobile Tel:

Additional Tel:

Email Address:

Would you like to receive updates from Zawiyah via Email and WhatsApp? Yes No

We strongly recommend that you receive information in this way to ensure you are kept well informed of news relating to classes, activities and your child's Islamic education.

DATA PROTECTION STATEMENT

Zawiyah collects and uses personal information about staff, students, parents or carers and other individuals who come into contact with the school. This information is gathered in order to enable it to provide education and other associated functions. In addition, there may be a legal requirement to collect and use information to ensure that the school complies with its statutory obligations.

Zawiyah will ensure that personal data will be:

1. Processed fairly, lawfully and in a transparent manner.
2. Collected for specified, explicit and legitimate purposes and not further processed for other purposes incompatible with those purposes.
3. Adequate, relevant and limited to what is necessary in relation to the purposes for which data is processed.
4. Accurate and, where necessary, kept up to date
5. Kept in a form that permits identification of data subjects for no longer than is necessary for the purposes for which the personal data is processed.
6. Processed in a way that ensures appropriate security of the personal data including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

The School will be able to demonstrate compliance with these principles

PRELIMINARY AGREEMENT

1. I confirm that the information provided is correct and I will notify the school immediately of any changes.
2. I understand that all students and parents/guardians must comply with the relevant school policies.

Full Name:

Signature: Date:

Relationship to Student:

OFFICE USE ONLY

Date Received:

Date Processed:

Student Number:

Payment(s) received: Yes No Receipt Number:

Notes: