

Islamic Foundation of Ireland
Al-Falah Islamic School

بسم الله الرحمن الرحيم
الهيئة الإسلامية في أيرلندا
مدرسة الفلاح الإسلامية

163 South Circular Road, Dublin 8, Ireland. Tel. 4533242 Fax. 4532785

ADMISSION FORM

Student First Name: _____ Surname: _____

Date of Birth

Day	Month	Year

Gender

Male	Female

Name of Full-time School: _____ Class: _____

Parent/Guardian Name: _____

Address: _____

Home Tel: _____ Mobile: _____

Signature of Parent/Guardian: _____

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Please Note:

1. Parents are responsible for transporting children to and from the School. Parents must collect their children immediately at the end of classes.
2. The attendance of children is vital. It is of the utmost importance that the parents ensure that their children do not miss classes.
3. The School is open for all children aged from 5 – 16 years.

For Official Use Only

Name of Assessor: _____ Student Level: _____

Signature of Assessor: _____

Remarks: _____