



HUJJAT SATURDAY WORKSHOP

Husaini Shia Islamic Centre, Wood Lane,
Stanmore, Middx HA7 4LQ

www.hujjatworkshop.com

admin@hujjatworkshop.com

Name of Child:

Date of Birth:

Gender: M / F

Name of School:

Class at school:

Home Address:

Parent / Guardian Details:

Parent's Name	Telephone number	Email address	Relation to child

Sibling Details:

Name of sibling	Date of birth	Currently attending Workshop Y/N	Currently on the waiting list Y/N

Jamat you are affiliated to:

Doctors Name, Address & Tel No:

Any relevant medical information e.g. allergies:

Does your child receive any kind of learning support at school? Yes/No*

*Delete as appropriate

If yes, please specify:

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Date form completed:

