

**Al-Mustafa School of Islamic Sciences**  
**Al-Mustafa Islamic Cultural Centre Ireland**  
Unit 31 Coolmine Industrial Estate, Blanchardstown, Dublin 15  
Tel: 01-5156206 / 087-6764122

**Admission Form**

Name of Parent?Guardian: \_\_\_\_\_

Name Child 1: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male/Female

Name Child 2: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male/Female

Name Child 3: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male/Female

Name Child 4: : \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male/Female

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Emergency contact No: \_\_\_\_\_

Please provide any detail about illness/other matter you feel we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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For office use only:

Enrolment No: \_\_\_\_\_ Waiting list No: \_\_\_\_\_

Teacher: \_\_\_\_\_