



Islamic Association Western Suburbs Sydney



Student Enrolment Form

in which category you would like to enroll the student: Qaida Nazirah Hifz

Child Information	First Name		Middle Name	
	Surname		Date of Birth	
	Gender	Male / Female		Language speaks
	Prefer timing:	<input type="checkbox"/> Session A (3.30pm to 4.30pm) <input type="checkbox"/> Session B (4.30pm to 5.30pm) <input type="checkbox"/> Session C (5.30pm to 6.30pm)		
	Sibling(s) already enrolled			
	Address:			

Parent Information	Father / Legal Guaridan Full Name :		
	Mobile		Phone
	Email		Preffered contact Method
	Address		
	Mother / Legal Guaridan Full Name :		
	Phone Number		Mobile Number
	Email		Preffered contact Method
	Address		

Authorised Persons	Authorised Person for Pickup			
	Name	Mobile	Relationship	Photo ID
	Name	Mobile	Relationship	Photo ID
	Name	Mobile	Relationship	Photo ID
	Name	Mobile	Relationship	Photo ID
	Name	Mobile	Relationship	Photo ID

Medical Condit	Medical Conditions (Optional)

-----General Rules-----	
1	Minimum age for applicants is 4years.
2	Separate classes for girls and boys.
3	Minimum Class duration is 1 hour.
4	ZERO tolerance for Un-Islamic or abusive behaviour.
5	No parents or visitors are allowed in the class room
6	Parents / Legal guardian shall be responsible for the pick and drop of the child.
7	You must adhere to the instructions provided by IAWSS's management (Masjid).
8	The Association reserves the right to change the rules and regulations without prior notice and any time.
9	The Association reserves the right to remove any individual(s) without notice if he/she is deemed to have broken any of the rules defined by IAWSS.
10	Only IAWSS adopted Syllabus will be taught.
11	Must show photo ID / License during the pick up of Child, upon request of Security.

Declaration: I declare that the information provided above is correct as per my best knowledge and I have read and committed to obey rules and regulations stated above.

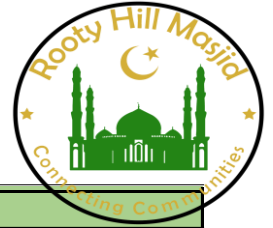
Documents to Attach Photo ID / Driving License & Birth Certificate of Child

Name & Sign: _____

Date: _____



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For Admin Office Use Only

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<u>Assessments</u>	<u>Detail</u>	<u>Result</u>
Assesemnt 1		Pass / Fail / NA
Assesemnt 2		Pass / Fail / NA
Assesemnt 3		Pass / Fail / NA
Assesemnt 4		Pass / Fail / NA
Assesemnt 5		Pass / Fail / NA
Final Result		
Recommendation:		
Reason:		
Documents Attached	<input type="checkbox"/> Photo ID / Driving License <input type="checkbox"/> Birth Certificate of Child	
Roll Number Issued:		
Admin Name & Signature	Date	Roll Number: Admission Number:

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Assessment Result		
Comments		
Name & Signature	Date:	