

REGISTRATION FORM

Child's First Name	Surname	DOB	Age	Gender	Ethnicity

Name/s of any sibling/s currently enrolled or applying to enrol at Al-Qalam: (1. _____) (2. _____) (3. _____)	
Father's/ Mother's/ Guardian's name:	
Home address:	
Post code:	
Tel No:	Mob No:
Emergency contact name:	
Emergency contact number:	
Nationality:	Email:
Has the child completed any of the following: (please circle) Qaida 30th Para/juz Quran	
Does your child suffer from any medical condition? Y / N	
If yes please give details:	

I have read the policy book and agree to abide by the rules and regulations of Al-Qalam Institute. I also understand that it is my responsibility to ensure that the fees are paid promptly.

Print Name	Signed	Date
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Official use only

Enrolment date:

Application no:

Student number/s:

Registrar Signature: