



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:	Session A (3 pm to 4 pm) Session B (4 pm to 5 pm) Session C (5 pm to 6 pm)		
	Sibling(s) already enrolled			
	Address:			

Parent Information	Father / Legal Guardian Full Name :			
	Mobile		Phone	
	Email		Preffered contact Method	
	Address			
	Mother / Legal Guardian 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 Conditions	Medical Conditions (Optional)

-----General Rules-----	
1	Minimum age for applicants is 4years.
2	Minimum Class duration is 1 hour.
3	Un-Islamic or abusive behaviour will not be tolerated.
4	No visitors are allowed in the class room
5	Parents / Legal guardian shall be responsible for the pick and drop of the child.
6	You must adhere to the instructions provided by IAWSS's management (Masjid).
7	The Association reserves the right to change the rules and regulations without prior notice and any time.
8	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.
9	Only IAWSS adopted Syllabus will be taught.
10	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.

Name & Sign: _____

Date: _____



***For Admin Office Use Only ***		
<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:		
Assesser Name & Signature	Date:	Admission Number:

***For Scholor Office Use Only ***		
Assessment Result		
Comments		
Name & Signature	Date:	