



TAYIBA INSTITUTE

TAYIBA QURAN SCHOOL ENROLMENT FORM

PHONE: (03) 9713 0313

MOB: 0421 343 963

TAYIBA SCHOOL OF QURAN MEMORISATION

PROGRAM 1: 10-12 Dalgety St, Dandenong Vic 3175

PROGRAM 2: 9 Oldham lane, Dandenong Vic 3175

WEBSITE: www.irca.org.au

EMAIL: info@icra.org.au

PROGRAM

PLEASE TICK ONE OF THE OPTIONS BELOW:

I WOULD LIKE TO ENROL MY CHILD IN PROGRAM ONE (SATURDAYS, 10:00AM – 2:30PM)

I WOULD LIKE TO ENROL MY CHILD IN PROGRAM TWO (MON./TUES./WED./THURS., 5:30 – 7:30PM)

STUDENT DETAILS

SURNAME: _____ FIRST NAMES: _____

MALE / FEMALE (CIRCLE) _____ DATE OF BIRTH: ____ / ____ / ____

SCHOOL CURRENTLY ATTENDING (IF ANY): _____

DOES THE STUDENT USE ANY MEDICATION (INCLUDING ASTHMA PUMP): YES / NO (IF YES, PLEASE GIVE DETAILS)

TYPE OF MEDICATION: _____

HOW OFTEN DOES HE / SHE NEED THE MEDICATION? _____

ANY KNOWN ALLERGIES ? _____

PARENTS / GUARDIANS

SURNAME: _____ FIRST NAME: _____

RELATIONSHIP TO STUDENT: _____

SURNAME: _____ FIRST NAME: _____

RELATIONSHIP TO STUDENT: _____

ADDRESS: _____

HOME: _____ WORK: _____ MOBILE: _____

E-MAIL: _____ EMAIL LISTING: YES / NO

IN CASE OF EMERGENCY PLEASE CONTACT: _____

RELATIONSHIP TO STUDENT: _____ PHONE: _____

WAIVER

I HAVE READ AND UNDERSTOOD THIS ENROLMENT FORM. I UNDERSTAND THAT MY CHILD IS EXPECTED TO TAKE THIS PROGRAM SERIOUSLY AND DRESS AND BEHAVE APPROPRIATELY AND SAFELY. I UNDERSTAND THAT TAYIBA INSTITUTE AND ISLAMIC ASSOCIATION OF AUSTRALIA WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES OR DAMAGES AT OCCUR DURING MY CHILD'S PARTICIPATION IN THE TAYIBA QURAN SCHOOL.

PARENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY:

ENROLMENT DATE: ____ / ____ / ____ SIGNED: _____

PRINT NAME: _____ ENROLMENT No: _____