



# TAYIBA INSTITUTE

TAYIBA QURAN SCHOOL ENROLMENT FORM

PHONE: (03) 9713 0313

MOB: 0421 343 963

TAYIBA SCHOOL OF QURAN MEMORISATION

PROGRAM 1: 9 Oldham lane, Dandenong Vic 3175

PROGRAM 2: 9 Oldham lane, Dandenong Vic 3175

WEBSITE: [www.irca.org.au](http://www.irca.org.au)

EMAIL: [info@icra.org.au](mailto:info@icra.org.au)

## PROGRAM

PLEASE TICK ONE OF THE OPTIONS BELOW:

I WOULD LIKE TO ENROL MY CHILD IN PROGRAM ONE

(SAT, 10 AM – 2:30PM) 8 YEAR AND ABOVE

I WOULD LIKE TO ENROL MY CHILD IN PROGRAM TWO

(SUN, 10 AM – 2:30PM) 5 - 7 YEAR OLD

(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: \_\_\_\_\_