



STUDENT INFORMATION

Student last name:

First name:

Birth date:

/ /

Street address:

Home phone no:

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Suburb:

State:

Mobile phone no:

Post Code:

Email:

Occupation:

Ethnic Background:

Languages spoken:

You chose Daar Aisha because/Referred to Daar Aisha by (please check one box below):

Family/Friend

Poster/Flyer

Internet

Email

Other

COURSE INFORMATION

Please mark in order of preference the course you wish to enroll in:

SUNDAY	English	8:30 AM - 12:45 PM	<input type="checkbox"/>
	Arabic	8:30 AM - 12:45 PM	<input type="checkbox"/>
MONDAY	English	6:30 PM - 9:30 PM	<input type="checkbox"/>
	Arabic	6:00 PM - 9:30 PM	<input type="checkbox"/>

IN CASE OF EMERGENCY

Name of local friend or relative:

Relationship to student:

Home phone no.:

Work phone no.:

The above information is true to the best of my knowledge. I agree to abide by all the rules and conditions of Daar Aisha Shariah College:

Student signature

Date

OFFICE USE ONLY

Date received :

Payment received:

Notified: