



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# Islam Quran Research Academy (IQRA)

## STUDENT ENROLMENT FORM

Student's Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Academic year:

DOB:

Age:

Father's name: \_\_\_\_\_

Mobile \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mobile \_\_\_\_\_

Important information (allergies, special needs, etc):

\_\_\_\_\_

Child's interests/ hobbies:

\_\_\_\_\_

Did your child study Qur'an/Islamic studies before? Yes  No

Name of organisation/Ustadh (If yes):

\_\_\_\_\_

What is your expectation on your child's Qur'an/Islamic studies?

\_\_\_\_\_

Proposed starting date:     /     /

\_\_\_\_\_

Parent's declaration: I agree with the school rules and regulations including  
islamic dress code and support my child accordingly.

*F. Islam*

Parent's signature & Date:     /     /

\_\_\_\_\_

Ustadh Md Fakhru Islam

Director & Principal

Islam Quran Research Academy (IQRA)

Contact: 0402231822