



DAAR AL-QURAN AL-KAREEM

DAAR IBN ABBAS | 17 CROSS ST BANKSTOWN NSW 2200

STUDENT APPLICATION FORM

STUDENT NUMBER:

STUDENT INFORMATION

First Name:	Last Name:
Date of Birth:	Gender: <i>Male or Female</i>
Street Address:	
Suburb:	Postcode:
Mobile Number:	Email:
Languages Spoken:	Cultural Background:
Can you read from the Quran? No <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluently <input type="checkbox"/>	How many Juz' have you memorised?

MEDICAL PARTICULARS

Do you have any Medical condition or Allergies:	
Medicare Number:	Family Doctor details:

PARENT/GUARDIAN DETAILS

First Name:	Last Name:
Mobile Number:	Home Number:
Address (if different from above):	
Email Address:	Relationship with Student:

EMERGENCY CONTACT

Name:	Relationship:
Mobile Number:	Home/Work Number:

Government regulations stipulate that all Home Schooled children be registered through the NSW Board of Studies. In order to complete registration and be accepted into Daar Al-Quran Al-Kareem you will need to provide registration details.

By signing the form below, I consent to all necessary emergency treatment for the above student from Staff, Doctors and or paramedics. The above information is true and to my agreement as of the date below and I will make all reasonable efforts to inform Daar Al-Quran Al-Kareem of any changes as soon as possible. I also understand that school times are 7:00am to 3:00pm and all effort will be made to drop off and pick up on time.

Parent/Guardian Signature:	Date:
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OFFICE USE ONLY

DATE RECEIVED:.....

RECEIVED BY:.....