

AS-SALAAM INSTITUTE

FOR QUR'ANIC & ISLAMIC STUDIES

Student's name:

D.O.B:

Address:

Commencement date:

Mother's name: _____

contact number:

Father's name _____

contact number:

Emergency contact: _____

Contact number:

Medicare card number: _____

Reference nb: _____

Allergies: _____

Action or medication:

- I agree that my child's/children's picture will be taken to be attached to the enrolment form or in formal events.

Parent's/carer's signature:

Date:.....

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